FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # S21075 (4)						
	'S FOR FINE FABRICS, IN	IC.				
Principal Place of Business Mailing Address						BII OIBII OIDII BIEII BIBII DIDII IDOI
405 S. FEDERAL HIGHWAY BOCA RATON FL 33432			405 S. FEDERAL HIGHWAY BOCA RATON FL 33432			
					3. Date Incorporated or Qualified 3a. 12/18/1990	Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number 65-0244064	Applied for Not Applicable
Suite, Apt. (⊭, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	•	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 25		Zip 29	Zip Country 30		 This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes ☐ No 	
	g. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Regist	ered Agent
DIETZ C	ONE IEI O		[8	11 Name		
	CONSUELO LTAMIRA AVE		8	Street Add	ddress (P.O. Box Number is Not Acceptable)	
	ATON FL 33433		Ē	3		
				14 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the						FL
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor In, and accept the obligations of, Sec	rida: Such change was authoriz ction 607.0805. Florida Statute:	zed by the co	rporation's boa	ro of directors. Thereby accept the appointme	ent as registered agent. Lani
	Signative, typed or purced have led to get the diagram.	ctard treataile and ND DIRECTORS		jer i Sagnature regji ira		DATE DIOCCOTODO IN LAG
12.	Ornorns Ar	DELETÉ	13. 1.1 Lit	.F	ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
NAME	DIETZ, CONSUELO	<u></u>	1.2 NAM	tt I		
STREET ADDRESS	21593 ALTAMIRA AVE		1.3 STRI	EET ANDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 Cilly	- \$2 - 7iP		
TITLE	SNOTHERLY, D. SUSAN	[] DELETE	2 1 1 111	į.		Change Addition
NAME STREET ADDRESS	4803-B WALLENDA DR		2.2 NAM	TELL ADDRESS		
CITY-ST-ZIP	RALEIGH NC			-SI-ZIP		
TITLE	8	☐ DELF1E	3 : DIL			Change Addition
NAME	HOLTON, D. JULIE		3.2 NAM	16		
STREET ADDRESS	991 HIGHPOINT LOOP		3.3 STR	EE! ACORESS		
CITY+S1+ZIP	LONGWOOD FL		3.4 CITY	(-S1-ZIP		
TITLE	DIETZ TUOMAG	☐ DELETE	4 1 [1]:			Change Addition
NAME	DIETZ, THOMAS 21593 ALTAMIRA AVE		4.2 NAN			
STREET ADDRESS	BOCA RATON FL			EET ADDRESS		
CITY+ST+ZIP TITLE	DOOKINIOHIL	DELETE	5 1 THI	r-ST-ZIP F		Change Addition
NAME			5 2 NAM			
STREET ADDRESS				EFT ADDRESS		
City-St-ZiP				·ST ZIP		
TITLE		☐ DELETE	6 1 500			☐ Change ☐ Addition
NAME			6.2 NAM	'F		
STREET ADDRESS			€3SIR	EFT ADDRESS		
City - ST - ZI2	İ		€ 4 0 (1)	r ST-ZIP		

14. 1do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that than an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or place 3 if changed or organization and address.

SIGNATURE:

SIGNATURE AND TYPED OF PRIVILED WARM OF SIGNATURE OR DIRECTOR

5-1-96 \$07-395-5934