FILE NOW: FILING FEE AFTER MAY 1 IS \$550

PROFIT CORPORATION ANNUAL REPORT



STATE FLORIDA DEPARTMENT

ONS

FILED

May 09 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Morti

Secretary of Sta DIVISION OF CORPOR

1997

DOCUMENT #

14. I do hereby certify that the information supplied with this filing does not qualify for information indicated on this annual report or supplemental annual report is true at I am an officer or director of the sorporation or the peeper of trustee empowered appears in Block 12 or Block 13 if thangled, or on a satisfactor in with un address.

SIGNATURE:

(6)

EDIKIC TOWEL INC

Principal Place of Business Mailing Address 516 W LAS OLAS BLVD FT LAUDERDALE FL 33312 Mailing Address 516 W LAS OLAS BLVD FT LAUDERDALE FL 33312 FT LAUDERDALE FL 33312				Ţ 					
						3. Date Incorporated or Qualified 01/09/1991		Date of Last R 5/01/1996	leport
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 65-0236543		Ar	pplied For
Suite, Apt. 4	W, etc	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional equired
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip •	Country 25	Zip 29	30	ntry		This corporation has liability for Florida Statutes	_ `	le tax under s	i. 199.032,
	9. Name and Address of Curre	nt Registered Agent		7.1		10. Name and Address of New F	egistered	i Agent	
	ON, WALLIE			81	Name				
	W. LAS OLAS BLVD. LAUDERDALE FL 33312		Ì	B2	Street Add	dress (P.O. Box Number is Not Accept	able)		
۶			L	B3			······································		
_			ĺ	84	City	•	Fi	85 Zip	Code
	o the provisions of Sections 607.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	02 and 607.1508, Florida Statut e of Florida. Such change was a gations of, Section 607.0505, Flo	es, the ab authorized orida State	bove by utes	named co the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	purpose ept the ap	of changing it pointment as	ts registered registered
SIGNATURE .	Signarure, type for printed name of tugistered a	gent and title if applicable (NOT)	E: Registered	Ager	nt signature req	ulred when reinstaling)	DATE		
12.			13.	13.		ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PST	☐ DELETE	1.1 717	1.1 TITLE				Change	Addition Addition
IMAN	IVISON, WALLIE	133 1.41 DELETE 2.1		1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS					
STREET ADDRESS	516 W LAS OLAS BLVD								
C(1Y-51-2IF	FT LAUDERDALE FL							1 Chance	4.45416
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NAMi									
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STREET ADDRESS					ADDRESS				
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NAME				ME	1				
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NAME CERTES ASSOCIO			Б.	t I~▼	*DDDEC*	90000211 -05/21/9701	コロー	117 05	,
STREET ADDRESS			Š		ADDRESS	***550.00	JCC(111 9	19197
01Y-St-ZIP 14. 1 do hereb	ry certify that the information suppli	ed with this fileo does not quali	y for		T-ZIP mption state	ed in Section 119.07(3)(i), Florida Statu	tes. I furih		
information Lam an of	ri indicated on this annual report or flicer or director of the corporation	supplemental annual report is to the posetyer of trustee empow	rue a ered	Ьu	irate and th	at my signature shall have the same le ort as required by Chapter 607, Florida	gal effect :	as if made un	nder oath; that