

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S37881

(7)

1. Corporation Name

PAR-SET FABRICS, INC.



Principal Place of Business

4015 PALM AIRE DRIVE WEST
#703
POMPANO BEACH FL 33069

Mailing Address

4015 PALM AIRE DRIVE WEST
#703
POMPANO BEACH FL 33069

2. Principal Place of Business

21. Suite, Apt., Etc.

22. City & State

23. Zip Country

24. 25.

2a. Mailing Address

26. Suite, Apt., Etc.

27. City & State

28. Zip Country

29. 30.

3. Date Incorporated or Qualified

03/11/1991

3a. Date of Last Report

06/09/1995

4. FEI Number

65-0253620

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

FINE, STEVEN, P.A.
3890 W. COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE

By the Registered Agent Signature (If agent is not the filer)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
ST
HERBERT, STANLEY E.
4015 PALM AIRE DR. W.
POMPANO BEACH FL

2. TITLE ☐ DELETE

NAME
PEARCE, GEORGE W., JR.
1217 YORKSHIRE DR.
HIGHPOINT NC

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

8. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME

4. STREET ADDRESS

5. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME

6. STREET ADDRESS

7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

7. TITLE ☐ Change ☐ Addition

7. NAME

8. STREET ADDRESS

9. CITY-STATE-ZIP

8. TITLE ☐ Change ☐ Addition

8. NAME

9. STREET ADDRESS

10. CITY-STATE-ZIP

14. I do 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 supplemental annual report is true and accurate, and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or 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 Block 13 if changing; or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY E. HERBERT

Date

Signature Printed

2/9/96 705-9747812

CR2E034 (12/95)