## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S55568 (7)

## **FILED** Jan 30 1998 8:00am Secretary of State

TEXTURES BY GATOR, INC:  Principal Place of Business  Mailing Address S888 NW 31 TER BOCA RATON FL 33496  DO NOT WRITE IN THIS SPACE  3. Data Incorporated or Questified 06/22/1991  2. Principal Place of Business 2a. Mailing Address 2b. Do Not Write In This SPACE  3. Data Incorporated or Questified 06/22/1991  4. PEI Number 85/02/85/157  Soulte, Apt. #, etc. 2b. Sulte, Apt. #, etc. 2city & State 2city & St
Mailing Address  S88 NW 31 TER BOCA RATON FL 33496  2. Principal Place of Business 2. Amailing Address  2. Principal Place of Business 2. Amailing Address 2. Date Incorporated or Qualified 05/22/1991  2. Principal Place of Business 2. Amailing Address 2. Date Incorporated or Qualified 05/22/1991  2. Principal Place of Business 2. Date Incorporated or Qualified 05/22/1991  2. Principal Place of Business 2. Date Incorporated or Qualified 05/22/1991  3. Date Incorporated or Qualified 05/22/1991  4. FEI Number 65-0265157  Not Applicable Fee Required
Mailing Address  S88 NW 31 TER BOCA RATON FL 33496  2. Principal Place of Business 2. Mailing Address  S88 NW 31 TER BOCA RATON FL 33496  2. Principal Place of Business 2. Mailing Address 2. Date Incorporated or Qualified  05/22/1991  2. Principal Place of Business 2. Mailing Address 2. Date Incorporated or Qualified  05/22/1991  2. Principal Place of Business 2. Mailing Address 2. Date Incorporated or Qualified  05/22/1991  2. Principal Place of Business 2. Date Incorporated or Qualified  05/22/1991  3. Date Incorporated or Qualified  05/22/1991  4. FEI Number  65-0265157  Not Applicable  7. Country 2. Date Incorporated or Qualified  1. Even Address of Status Desired  8. File Number  7. Country 2. Date Incorporated or Qualified  1. File Required  1. File Country 2. Date Incorporation over or has paid the current/ear intangible  2. Personal Property Tax due June 30.
BOCA RATON FL 3349E  BOCA RATON FL 3349E  BOCA RATON FL 3349E  2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. A Mailing Address 2. Principal Place of Business 2. Applied For 3. Date incorporated or Qualified 05/22/1991  4. FEI Number 65-0265157  Not Applied For Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. Street Address of New Registered Agent 2. City & State 3. Cartificity & State 3
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 05/22/1991 4. FEI Number 6. 50/265157   Not Applicable 6. 65/0265157   Not Applicable 8. This Corporation of Status Desired   \$8.75 Additional Fee Required Fee Required Fee Required Fee Required Fee Required Fee Required Fee Regulared Fe
3. Date Incorporated or Qualified 05/22/1991  2. Principal Place of Business
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. File Number 65-0265157   Not Applicable Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Fill Number 5. Country 5. Country 5. Suite, Apt. #, etc. 5. Suite
2. Maling Address 3. Maling Address 4. FEI Number 4. Maling Address 4. FEI Number 5. Certificate of Status Desired Address of Status Desired 4. City Flags Address 4. City Flags Address 4. FEI Number 5. Certificate of Status Desired Address of Status Desired Address of New Registered Agent European Address of New Regi
Suite, Apt. #, etc.   Suite, Added to Foes   Added to Fees   Suite, Apt. #, etc.   Suite, Apt. #, et
Suite, Apt. #, etc.    Suite, Apt. #, etc.
City & State  28
Zip
Zip 24 25 29 30 30 Country 30 Rame and Address of Current Registered Agent  ANDREW, GAIL 5888 NW 31 TER BOCA RATON FL 33496  81 City FL 85 City FL 86 City FL 86 City FL 85 City FL 86 City Code City Code City Code City Code City Code City Code City City City City City City City City
24 9 29 30 40 30 Wathtum Personal Property Tax due June 30.
ANDREW, GAIL 5888 NW 31 TER BOCA RATON FL 33496  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ANDREW, GAIL  12. NAME  ANDREW, GAIL  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ANDREW, GAIL  12. NAME  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  DELETE  13. STREET ADDRESS  CITY-ST-ZIP  DELETE  21. TITLE  ANDREW, GAIL  22. NAME  STREET ADDRESS  CITY-ST-ZIP  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 44 CITY-ST-ZIP  Change  Addition  ANDREW, GAIL  22. NAME  STREET ADDRESS  CITY-ST-ZIP  24. CITY-ST-ZIP  24. CITY-ST-ZIP  24. CITY-ST-ZIP  24. CITY-ST-ZIP  24. CITY-ST-ZIP  24. CITY-ST-ZIP
ANDREW, GAIL 5888 NW 31 TER BOCA RATON FL 33496  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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and little if applicable.  NOTE Registered Agent signature required when reinstating).  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  ANDREW, GAIL  12. NAME  STREET ADDRESS  CITY-ST-ZIP  BOCA RATON FL  DELETE  1.1 TITLE  1.2 NAME  STREET ADDRESS  CITY-ST-ZIP  DELETE  2.3 STREET ADDRESS  CITY-ST-ZIP  2.3 STREET ADDRESS  CITY-ST-ZIP  2.4 CITY-ST-ZIP  Addition  NAME  STREET ADDRESS  CITY-ST-ZIP  2.4 CITY-ST-ZIP
5888 NW 31 TER BOCA RATON FL 33496  82 Street Address (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zip Code
BOCA RATON FL 33496  83  City  FL 85  Zip Code  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE, Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  P
83   84   City
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Signature, typed or printed name of registered agent and little if applicable. (NOTE. Registered Agent signature required when reinstating):  12. OFFICERS AND DIRECTORS
TITLE         P         DELETE         1.1 TITLE         Change         Addition           NAME         ANDREW, GAIL         1.2 NAME
NAME         ANDREW, GAIL         1.2 NAME           STREET ADDRESS         5888 NW 31 TERRACE         1.3 STREET ADDRESS           CITY-SY-ZIP         1.4 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE           NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP
STREET ADDRESS   S888 NW 31 TERRACE   1.3 STREET ADDRESS
CITY-ST-ZIP   BOCA RATON FL   1.4 CITY-ST-ZIP     TIYLE
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP
NAME         2.2 NAME           STREET ADDRESS         2.3 STREET ADDRESS           City-St-Zip         2.4 CITy-ST-ZiP
STREET ADDRESS  CITY-ST-ZIP  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP
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NAME 32 NAME
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TITLE DELETE 4.1 TITLE Change Addition
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TITLE DELETE 5.1 TITLE Change Addition
NAME 52 NAME
STREET ADDRESS 5.3 STREET ADDRESS
CITY-ST-ZIP 5.4 CITY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 5.2 NAME '
NAME 6.2 NAME 7.2 NAME 7.2 NAME 8.3 STREET ADDRESS 8.4 CITY-ST-ZIP 8.4 CITY-ST

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 changed, or on an attachment with an applicass.