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 #

S69820

(6)

SOUTH FLORIDA TEXTILES, INC.

FILED May 02 1996 8:00 am Secretary of State

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			T 390/900 1/0 0/100 1910/ 1910/ 1910 1910 1						
Principal Place of Business Mailing Address									
	Copans Rd #E7 IEACH FL 33064		1301 WEST COPANS RD #E7 POMPANO BEACH FL 33064						
POMPARO D	ENCH TE SOU				3. Date Incorporated or Qualified 3a. Date of Last Report 07/31/1991 05/04/1995				
2. Principal Piac	of Rusiness	28.	Mailing Address			4. FEI Number		Applied For	
2. Principal (180 21	y or Educates	26			00 020 10 10		Not Applicable		
Suite, Apt. #.	etc.		Suite Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additiona				
22		27				- ret	Required		
City & State			City & State			6. Election Campaign Financing		00 May Be	
23		28				Trust Fund Contribution	Auc	ed to Fees	
Zip	Country	 	Zip	Country		8. This corporation has liability for in Florida Statutes Yes	nrangible tax under ☐ No	\$ 189.032,	
24	25	29		30		10. Name and Address of New R			
	9. Name and Address of Curren	Regis	tereu Agent	81	Name				
				L.					
	IAN, JOE		82		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
4000 N	.E. 26 AVE.			83					
UGHTH	IOUSE POINT FL 33064							7-0-1-	
				84	l '	oration submits this statement for the pu and of directors. Thereby accept the app	FL I	Zıp Gode	
CIONATURE	n, and accept the obligations of, Sections are breder writed name of registered as OFFICERS AN	and the of	quirata pert	74. pstem (A) e	и звукатоке кограл	etwie receiving ADDITIONS/CHANGES TO OFF			
TITLE	Р		DELETE	1.17.718			☐ Chang	ge 🔲 Addition	
NAME	SHERMAN, JOE			1.2 NAME					
STREET ADDRESS	4000 N.E. 26 AVENUE			13 STREE	1 ADDRESS				
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33	3064		1.4 CITY -			Chang	ge	
TITLE			DELE IL	2 I TITLE	ļ		C Outside	je 🔲 7,004,01	
NAME				2.2 NAME					
STREET ADDRESS					1 ADDRESS				
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CITY-ST-ZIP				5.4 CITY				Addition	
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NAME				6 2 NAM	l l		\mathcal{I}	12	
STREET ADDRESS					ET ADDRESS			J'	
CITY-ST-ZIP				6.4 CITY	- S1 - Z1P		0.03/0/15 50 11: 0	lat dan 1 further	

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 chargest for on an attachment with an address.

SIGNATURE: __

SIGNATURE AND FEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/21/16 97356

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