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

PROFIT CORPORATION ANNUAL REPORT 1997 DOCUMENT # V06361 ASSOCIATED FABRICS, INC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 13 1997 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					• • • • • • • • • • • • • • • • • • • •	
236 S. MILITAR DEERFIELD BE US								
						Date of Last 2/06/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		~ · · · · · · · · · · · · · · · · · · ·	4. FEI Number		Applied For	
21 4550	CINTER DECLICATION	26 Associated	rak	xics,Lac	65-0311996		Not Applicable	
Suité, Apt. #, etc. 22 2365 Military Tay 27 P. D. Box				457	5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State Deerfield Rch. FL 28 Doerfield But				FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country Zip Court Co				S	This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
9, Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent		
DEU	TSCH, ALAN		81	Name				
275 B GOOLSBY BLVD. DEERFIELD BEACH FL 33442				82 Street Address (P.O. Box Number is Not Acceptable)				
DEL	THIELD DENOTITE COVIE		83					
			84	City	F	85 Zi	p Code	
Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 607.0505, Florida Statutes. SIGNATURE Signature lyced or profest name of repistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered agent a		<u> </u>	ent signature required	· · · · · · · · · · · · · · · · · · ·		200 111 40	
12. TITLE	OFFICERS AND E	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Chano		
NAME	DEUTSCH, ALAN	C) been	1.2 NAME			C Ourt		
STREET ADDRESS	236 S. MILITARY TRAIL		1.3 STREET	AUDBESS				
CITY-ST-ZIP	AMERICA DE ANTANTE		1.4 CITY - S	1				
TITLE	DELINICED DESCRIPTE	DELETE	2.1 TITLE		· 	☐ Chang	e Addition	
NAME	2.2 N		2.2 NAME					
STREET ADDRESS	235		2.3 STREET	ADDRESS				
CITY - ST - ZIP	2.41		2. 4 CITY - 1	ST-ZIP				
TITLE	DELETE 3.1 TH		3.1 TITLE			Chang	e	
NAME			3.2 NAME	ļ				
STREET ADDRESS			3.3 STREET	ADDRESS				
CITY - ST - ZIP			3.4. CITY -	ST-ZIP			. I Addition	
TITLE			4.1 TITLE			L Change	e L Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET					
CITY - ST - ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		.	☐ Change	e	
NAME			5.2 NAME				_	
STREET ADDRESS		Į.	5.3 STREET	ADDRESS				
CITY-ST-ZIP		İ	5.4 CITY - 9					
TITLE			6.1 TITLE			Chang	e 🔲 Addition	
NAME		ŀ	6.2 NAME					
STREET ADDRESS		f	6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - 9	ST-ZIP				

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 of equired by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.