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

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 FEB 26 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V48634

1. Corporation Name
FASHION DYERS & FINISHERS INC

Principal Place of Business
1055 EDMISTON PLACE
LONGWOOD
FLORIDA 32779

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 1055 EDMISTON PLACE
22 Suite, Apt. #, etc.
23 City & State LONGWOOD FLORIDA
24 Zip 32779 25 Country USA

2a. Mailing Address
26 1055 EDMISTON PLACE
27 Suite, Apt. #, etc.
28 City & State LONGWOOD FLORIDA
29 Zip 32779 30 Country USA

3. Date Incorporated or Qualified 07-01-92

4. FEI Number 59-3132173 [ ] 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent
HERMAN SINGH
500 E. SEMORAN BLVD
SUITE 2-J
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent
81 Name PAULA TAYLOR
82 Street Address (P.O. Box Number is Not Acceptable) 3535 LAWTON ROAD, SUITE 115
83
84 City ORLANDO FL 85 Zip Code 32803

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Paula M Taylor 2/11/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstated) Date

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT	[ ] DELETE	11 TITLE	VP	[ ] Change [X] Addition
NAME	K C AGGARWAL		12 NAME	APRANA AGGARWAL	
STREET ADDRESS	1055 EDMISTON PLACE		13 STREET ADDRESS	1055 EDMISTON PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779		14 CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	VP	[ ] DELETE	21 TITLE	VP	[ ] Change [X] Addition
NAME	ASHOK K AGGARWAL		22 NAME	NEELAM AGGARWAL	
STREET ADDRESS	1056 EDMISTON PLACE		23 STREET ADDRESS	1056 EDMISTON PLACE	
CITY-ST-ZIP	LONGWOOD FL 32779		24 CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		[ ] DELETE	31 TITLE		[ ] Change [ ] Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		[ ] DELETE	41 TITLE		[ ] Change [ ] Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		[ ] DELETE	51 TITLE		[ ] Change [ ] Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		[ ] DELETE	61 TITLE		[ ] Change [ ] Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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****150.00 ****150.00

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14. I hereby certify that the information supplied with this filing 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 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 address, with all other like empowered

SIGNATURE: [signature] ASHOK K AGGARWAL 2/12/99 407 831 9997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #