

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L48277 (2)

1. Corporation Name

SOUTHWEST QUILTED PRODUCTS, INC.

Principal Place of Business

Mailing Address

7601 CHANCELLOR DR
600 PACKARD COURT
ORLANDO FL 32809
US

7601 CHANCELLOR DR
600 PACKARD COURT
ORLANDO FL 32809
US



2. Principal Place of Business	2a. Mailing Address
21 7575 Chancellor Dr	26 7575 Chancellor Dr.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 Orlando FL	28 Orlando FL
24 Zip 32809	29 Zip 32809
25 Country USA	30 Country USA

3. Date Incorporated or Qualified	3a. Date of Last Report
02/02/1990	05/01/1995
4. FEI Number	Applied For
59-2988462	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

10. Name and Address of New Registered Agent

LITVAK, DAVID M
7601 CHANCELLOR DR
ORLANDO FL 32809

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	
NAME	LITVAK, DAVID M	1.2 NAME	
STREET ADDRESS	10424 SPARKLE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	ROBERTSON, JOE E	2.2 NAME	
STREET ADDRESS	18100 KOVACS CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	SCOTT, KONI KIM	3.2 NAME	
STREET ADDRESS	7371 SCABLUFF DR / STE 107	3.3 STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON BEACH CA	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/96 714-841-5656

CR2E034 (3/96)