


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

FILED

**Jan 21 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 517983 (3)
 1. Corporation Name
LOBEL'S AUTO UPHOLSTERY & SUPPLIES, INC.



Principal Place of Business 260 N.W. 73RD ST. MIAMI FL 33150	Mailing Address 260 N.W. 73RD ST. MIAMI FL 33150
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 901 NW 8 Avenue Suite, Apt. #, etc. 22		2a. Mailing Address 26 901 NW 8 Avenue Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 11/05/1976
23 Ft Lauderdale FL City & State 24 33311 Zip 25 USA Country		28 Ft Lauderdale FL City & State 29 33311 Zip 30 USA Country		4. FEI Number 59-1699024 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

8. Name and Address of Current Registered Agent LOBEL JERRY 260 NW 73RD STREET MIAMI FL 33150				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Bgx Number is Not Acceptable) 901 NW 8 Avenue			
83				84 City Ft Lauderdale FL 85 Zip Code 33311			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LOBEL, JERRY 260 N.W. 73RD ST. MIAMI FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 901 NW 8 Avenue Ft Lauderdale FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOBEL, THELMA D. 260 N.W. 73RD ST. MIAMI FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Secretary 901 NW 8 Avenue Ft Lauderdale FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VP Karen L. Gottlieb 901 NW 8 Avenue Ft Lauderdale FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Jerry Lobel* - Term: Lobel Products 11/2/96 (954) 462-0727

CR2E034 (10/97)