

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J19596** (2)

1. Corporation Name
BEST UPHOLSTERY, INC.



Principal Place of Business: **1165 S.W. 1ST WAY DEERFIELD BEACH FL 33441**
Mailing Address: **1165 S.W. 1ST WAY DEERFIELD BEACH FL 33441**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1986	3a. Date of Last Report 05/01/1995
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2698273	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ZEEV, MOSHE 1079 SW 1ST WAY DEERFIELD BEACH FL 33441				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	85 Zip Code

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 _____ DATE _____
Signature typed or printed Date of registered agent change (File 1 only) (File 2) (File 3) (File 4) (File 5) (File 6) (File 7) (File 8) (File 9) (File 10) (File 11) (File 12) (File 13) (File 14) (File 15) (File 16) (File 17) (File 18) (File 19) (File 20) (File 21) (File 22) (File 23) (File 24) (File 25) (File 26) (File 27) (File 28) (File 29) (File 30) (File 31) (File 32) (File 33) (File 34) (File 35) (File 36) (File 37) (File 38) (File 39) (File 40) (File 41) (File 42) (File 43) (File 44) (File 45) (File 46) (File 47) (File 48) (File 49) (File 50) (File 51) (File 52) (File 53) (File 54) (File 55) (File 56) (File 57) (File 58) (File 59) (File 60) (File 61) (File 62) (File 63) (File 64) (File 65) (File 66) (File 67) (File 68) (File 69) (File 70) (File 71) (File 72) (File 73) (File 74) (File 75) (File 76) (File 77) (File 78) (File 79) (File 80) (File 81) (File 82) (File 83) (File 84) (File 85) (File 86) (File 87) (File 88) (File 89) (File 90) (File 91) (File 92) (File 93) (File 94) (File 95) (File 96) (File 97) (File 98) (File 99) (File 100)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZEEV, MOSHE	1.2 NAME	
STREET ADDRESS	22355 GUADELOURE ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 supplementary 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 unchanged, or on an attachment with an address.

SIGNATURE: _____

Moshe Zeev
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-96 954-428-8307
DATE DAYTIME PHONE

CR2E034 (12/95)