

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

DOCUMENT # P96000004114

1. Corporation Name
A & B UPHOLSTERY, INC.

Principal Place of Business
8726 S.E. SUNSET DRIVE
HOBE SOUND FL 33455

Mailing Address
8726 S.E. SUNSET DRIVE
HOBE SOUND FL 33455

FILED
Mar 19, 1999 8:00 am
Secretary of State

03-19-1999 90009 023 *****8.75
03-19-1999 90009 024 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1996

4. FEI Number
65-0632824

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 ☐ No

2. Principal Place of Business

21 8949 SE BRIDGE RD

Suite, Apt. #, etc.

22 #284

City & State

23 HOBE SOUND, FL

Zip

24 33455

Country

25 USA

2a. Mailing Address

26 8949 SE BRIDGE RD

Suite, Apt. #, etc.

27 #284

City & State

28 HOBE SOUND, FL

Zip

29 33455

Country

30 USA

9. Name and Address of Current Registered Agent

FISHER, JOSEPH R
49 S.E. KINARES STREET
STUART FL 34994

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☒ DELETE

NAME RAUMANN, WANDA L
STREET ADDRESS 8726 SE SUNSET DR
CITY-ST-ZIP HOBE SOUND FL

TITLE PT ☐ DELETE

NAME ROMERO, BARBARA A
STREET ADDRESS 8726 S.E. SUNSET DRIVE
CITY-ST-ZIP HOBE SOUND FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PT ☐ Change ☒ Addition

1.2 NAME JOSEPH E COLLIER
1.3 STREET ADDRESS 8949 SE BRIDGE RD #284
1.4 CITY-ST-ZIP HOBE SOUND, FL 33455

2.1 TITLE S ☒ Change ☐ Addition

2.2 NAME BARBARA A ROMERO
2.3 STREET ADDRESS 8949 SE BRIDGE RD #284
2.4 CITY-ST-ZIP HOBE SOUND, FL 33455

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: BARBARA A ROMERO *Barbara A Romero* 2-23-99 (561) 485-4873

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)

0350399