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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90060 032 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 429222

ROWI AND'S LIPHOLSTERY & DECORATING, INC.

HOHEAR	b o or noto term a bess								
Principal Place of Business Mailing Address									
1562 SAN MARCO BLVD 1562 SAN MARCO BLVD								•	
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207						DO NOT WRITE IN THIS	SPACE		
						3. Date incorporated or Qualifed			
						06/26/1973			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Applied	For
26						59-1466944	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired :	stus Desired \$8.75 Additional		
22		27				3. Continue of Carter Docker, 12		Require	
City & Stat	e	City & State				6. Election Campaign Financing		00 May	
23		28				Trust Fund Contribution		ed to Fe	es
Zip	Country	Zip	Coun	itry		8. This corporation owes the current year In	tangible Yes	□N	lo
24	25		30			Personal Property Tax. 10. Name and Address of New Registered	 -		
	9. Name and Address of Curren	Registered Agent		81	Name	10. Name and Address of New Registeres	Agent		_
CELL	JANI STANIEV R		l	•					
Gelman, Stanley B. 213 Washington Street				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	(SONVILLE FL 32202		-	83				į	(
			-	84	City	FL	85 2	ip Code	, , , ,
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	D DIRECTORS	13.		t signature require	d when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC		IN 12
TITLE	V	☐ DELETE	1.1 TITI			tation 🐔 .	☐ Criai	ige E	J Addition
NAME	ROWLAND, ANN		1.2 NA						1
STREET ADDRESS			. 1.3 STF	REET	ADDRESS		·		
CITY-ST-ZIP	JACKSONVILLE, FL 00000	[] oc. cr	1.4 CIT		T- ZIP	,	Char	nne F	Addition
TITLE	P DELETE		2.1 TITLE		ľ		One	ngv L	
NAME	ROWLAND, DEXTER		2.2 NA				-		
STREET ADDRESS					FADDRESS				
CITY-ST-ZIP	JACKSONVILLE, FL 00000	☐ DELETE	2.4 CIT		ST-ZIP	The second secon	Char	nge [Addition
TITLE			3.1 MA				_		_
NAME					T ADDRESS				
STREET ADDRESS			3.4. CF						
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TIT		,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	· · · · · · · · · · · · · · · · · · ·	☐ Char	nge [Addition
NAME	,		4. 2 NA	ΜE	}				
STREET ADDRESS					TADDRESS				
CITY-ST-ZIP			4.4 CIT			<u></u>			
TITLE		☐ DELETE	5.1 TIT				☐ Chai	nge [Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	REET	TADDRESS				
CITY-ST-ZIP			5.4 CIT		T-ZIP				
TITLE		☐ DELETE	6.1 111			•	Cha	nge [Addition
NAME			6.2 NA			•			
	I		12 F 3	DEFT	TADDRESS				

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.

6.4 CITY-ST-ZiP

CITY-ST-ZIP