## 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 # F43025 1. Corporation Name

VIENNA CUSTOM BUILT UPHOLSTERY AND SUPPLY, INC.

Principal Place of Business	
1031-4TH STN. ST.PETERSBURG FL 33701	

Mailing Address

1031-4TH ST..N.

ST DETERSBUIRG EL 33701

## FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90085 029 \*\*\*150.00



STIFETENSBURG PE 30/01			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed		
	•				08/26/1981		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	A	pplied For
21		26			59-2141501	N <sub>1</sub>	ot Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.		·	The state of the s	\$8:75	Additional
22		27			5. Certificate of Status Desired	Fee R	equired
City & Stat	ie	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Into	angible	
24	25	29	30		Personal Property Tax.	Yes	<b>⊠</b> No _
	9. Name and Address of Cur	rent Registered Agent	<u> </u>		10. Name and Address of New Registered	Agent	
			81	Name	•		
GOD	oyn, ruth <b>M</b>	•	-	04	(D.O. Day Murchar in Not Appartable)		
1031	1-4TH ST.,N.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	ST.PETERSBURG FL 33701			<del> </del>		-	
					- Institute		
-			84	City	· FL	85 Zip	Code
		3500 and 607 4500. Florido Statutos	- the share	named cc	reporation authorite this statement for the purpose of	changing its	s registered
		ate of Florida. Such change was au ligations of, Section 607.0505, Florida 1			ation's board of directors. I hereby accept the appoin	ntment as re	egistered
SIGNATURE							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable. (NOTE: F	Registered Age	nt signature requ	uired when reinstating) OATE		
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PVS	☐ DELETE	1.3 TITLE			☐ Change	☐ Addition
NAME	GODYN, RUTH M		1.2 NAME				
STREET ADDRESS	1031-4TH ST.,N.		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	ST PETERSBURG, FL 00000	1	1.4 CITY-S	T-ZIP			
TITLE	DT	DELETE	2.1 TITLE			☐ Change	Addition
NAME	GODYN, RUTH M		2.2 NAME	1			
-STREET ADDRESS			23 STREE	TADDRESS	·		
	ST PETERSBURG FL	ليور بيسيد ياليدمدو دلمد	2.4 CITY-				
CITY-ST-ZIP TITLE	31 FEIENOBORG TE	☐ DELETE	3.1 TITLE	21-231		Change	Addition
NAME			3.2 NAME				
			-	TADDRESS			
STREET ADDRESS							
C(TY-ST-ZIP		☐ DELETE	3.4. CiTY-5 4.1 TITLE	91-43P		Change	☐ Addition
TITLE							
NAME			4.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY+S	T-ZIP	<del>_</del>	Chanca	Addition
TITLE .		☐ DELETE	5.1 TITLE	-	•	Change	(□ Mod@on
NAME .			5.2 NAME		•		
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			
TITLE N	Because a case	☐ DELETE	6.1 πnlE			☐ Change	Addition
NAME	In a contract of the contract		6.2 NAME				
STREET ADDRESS	A Section of the sect		6.3 STREE	TADDRESS			
200	23 14, 15 27 1		6.4 CITY- 5				
CITY ST ZIP	t		0.4 0111-0	,, <u>4</u> 11			_

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: