

**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 # **F72360** (3)

1. Corporation Name  
**RON'S UPHOLSTERY, INC.**



Principal Place of Business

Mailing Address

% RON MARGOLIS  
138 N. DIXIE HIGHWAY  
LANTANA FL 33462

% RON MARGOLIS  
138 N. DIXIE HIGHWAY  
LANTANA FL 33462

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified <b>03/31/1982</b>	3a. Date of Last Report <b>04/25/1995</b>
4. FEI Number <b>59-2425453</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**MARGOLIS, RON**  
138 N. DIXIE HIGHWAY  
LANTANA FL 33462

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0402 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: *Ron Margolis* - Ron MARGOLIS - President DATE: 1/31/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS		1.2 NAME	
12.3 CITY-ST-ZIP		1.3 STREET ADDRESS	
12.4 TITLE	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS		2.2 NAME	
12.7 CITY-ST-ZIP		2.3 STREET ADDRESS	
12.8 TITLE	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY-ST-ZIP		3.3 STREET ADDRESS	
12.12 TITLE	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY-ST-ZIP		4.3 STREET ADDRESS	
12.16 TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY-ST-ZIP		5.3 STREET ADDRESS	
12.20 TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY-ST-ZIP		6.3 STREET ADDRESS	
12.24 TITLE	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Ron Margolis*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

CR2E034 (12/95)