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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Jan 24 1997 8:00am Secretary of State

1997

1,	VIENT # G7527 CRAFT UPHOLSTERY, IN			alginal <b>ki</b> giri		
Principa: Place of Business 1118 STATE AVE HOLLY HILL FL 32117		Mading Address 1118 STATE AVE HOLLY HILL FL 32117-272	· ·			i Bilbis Bilbis Bilbis Oldis Digis 1901
					3. Date Incorporated or Qualified 3 12/20/1983	Date of Last Report     04/19/1996
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26	· • · · · · · · · · · · · · · · · · · ·		59-2353811	Not Applicable
Suite, Apt #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ			Countr	У	8. This corporation has liability for intar	
24	29 ent Registered Agent	30	<del></del>	Florida Statutes Ye  10. Name and Address of New Regist		
RR∩	OKS, HELEN M.	ein vedizieien väent	81	Name	IO, Italia and Address of frew Aegist	aten Wattr
	WALKER STREET, #292		82	Street Add	dress (P.O. Box Number is Not Acceptable)	
HOL	LY HILL FL 32017		8:			
			[8,	<u>'</u>		
			82	City		FL 85 Zip Code
office or n	to the provisions of Sections 607 0 egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such change was:	authorized b	ly the corpora	rporation submits this statement for the purpation's board of directors. I hereby accept the	ose of changing its registered e appointment as registered
SIGNATURE.						
12,	Stgris in , spirit or perhod rame of registerest a OFFIGERS A	agent and tine if applicable (NO) AND DIRECTORS	TE: Registered A	gent signature req	uired when reinstating) D  ADDITIONS/CHANGES TO OFFICERS	S AND DIRECTORS IN 12
TILLE	P		1.1 TITLE			☐ Change ☐ Addition
NAME	Brooks, Helen		1.2 NAME			
STREET ADDRESS	1118 STATE AVE.		1.3 STREET ADDRESS			
CHY-ST 7IP TITLE	HOLLY HILL FL 32117	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE			Change Addition
KAVE			2 2 NAME			C Strange C Addition
STREET ADDRESS			2.3 STREET ADDRESS		•	
CITY-ST-ZP			2 4 CITY-ST-ZIP			
ÎII.E		☐ DELETE	3 1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY ST-2IF TITLE			3.4. CITY 4.1 TITLE	-S1-ZIP		Change Addition
NAME	1		4. 2 NAM			
STREET ADDRESS			1	T ADDRESS		
City-St-ZiP	4.41		4.4 CITY-	ST · ZIP		
HTLE			5.1 TITLE			Change Addition
NAME:			5.2 NAME	!		
STREET ADDRESS				T ADORESS		
CITY - S1 - ZIP			54 CHY-			Change Addition
THILE			61 TITLE			CT Montton
NAME CONTELADORERO			6.2 NAME			
			6.3 STREE	ST. 7/P		
CITY - ST - ZIP	İ		■ 0.4 OILL	W1-411		

14. To 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 information information information 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