

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathias  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L62091** (8)

1. Corporation Name:  
**ODETTE'S CUSTOM UPHOLSTERY, INC.**



Principal Place of Business: **4301 OAK CIRCLE DR BOCA RATON FL 33431**  
Mailing Address: **4301 OAK CIRCLE DR BOCA RATON FL 33431**

3. Date Incorporated or Qualified: <b>04/03/1990</b>	3a. Date of Last Report: <b>02/21/1995</b>
4. FEI Number: <b>65-0182640</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business:	2a. Mailing Address:
21. Subj. Apt. #, etc.:	26. Subj. Apt. #, etc.:
22. City & State:	27. City & State:
23. Zip:	28. Zip:
24. Country:	29. Country:
25. Country:	30. Country:

9. Name and Address of Current Registered Agent: <b>BENNETT, JAMES RICHARD 4301 OAK CIRCLE DR UNIT 5 BOCA RATON FL 33431</b>	10. Name and Address of New Registered Agent:
81. Name:	
82. Street Address (P.O. Box Number is Not Acceptable):	
83. City:	
84. City:	85. Zip Code: <b>FL</b>

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(1)(b), 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 607.05(1)(b), Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: <b>PD</b>	<input type="checkbox"/> DELETED	1. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME: <b>BENNETT, JAMES R.</b>		2. NAME:	
3. STREET ADDRESS: <b>4301 OAK CIR DR #5</b>		3. STREET ADDRESS:	
4. CITY, STATE, ZIP: <b>BOCA RATON FL</b>		4. CITY, STATE, ZIP:	
5. TITLE: <b>VP</b>	<input type="checkbox"/> DELETED	5. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME: <b>BENNETT, JAMES R.</b>		6. NAME:	
7. STREET ADDRESS: <b>4301 OAK CIR DR #5</b>		7. STREET ADDRESS:	
8. CITY, STATE, ZIP: <b>BOCA RATON FL</b>		8. CITY, STATE, ZIP:	
9. TITLE: <b>TO</b>	<input type="checkbox"/> DELETED	9. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME: <b>BENNETT, ODETTE</b>		10. NAME:	
11. STREET ADDRESS: <b>4301 OAK CIR DR #5</b>		11. STREET ADDRESS:	
12. CITY, STATE, ZIP: <b>BOCA RATON FL</b>		12. CITY, STATE, ZIP:	
13. TITLE:	<input type="checkbox"/> DELETED	13. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME:		14. NAME:	
15. STREET ADDRESS:		15. STREET ADDRESS:	
16. CITY, STATE, ZIP:		16. CITY, STATE, ZIP:	
17. TITLE:	<input type="checkbox"/> DELETED	17. TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME:		18. NAME:	
19. STREET ADDRESS:		19. STREET ADDRESS:	
20. CITY, STATE, ZIP:		20. CITY, STATE, ZIP:	

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. I am an officer or director of the corporation or the president 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. (Do not re-appoint until you have a new address.)

SIGNATURE: *[Signature]* DATE: **2/9/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JAMES R. BENNETT**

CR2E034 (12/95)