

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M66385** (9)

1. Corporation Name

**BREES' UPHOLSTERY, INC.**



Principal Place of Business <b>C/O ROBERT L. BREES 2213 HIGHLAND AVENUE MELBOURNE FL 32935</b>	Mailing Address <b>C/O ROBERT L. BREES 2213 HIGHLAND AVENUE MELBOURNE FL 32935</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/26/1988</b>		3a. Date of Last Report <b>05/01/1995</b>	
21		26		4. FEI Number <b>59-2872222</b>		Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc. <b>751-B Washburn Rd.</b>		27 Suite, Apt. #, etc. <b>751-B Washburn Rd.</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 City & State <b>Melbourne, FL</b>		28 City & State <b>Melbourne, FL</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Zip <b>32935</b>	25 Country <b>USA</b>	29 Zip <b>32935</b>	30 Country <b>USA</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>BREES, ROBERT L. 2213 HIGHLAND AVENUE MELBOURNE FL 32935</b>				10. Name and Address of New Registered Agent			
				81 Name <b>Brees, Robert L.</b>			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2833 Pembroke Rd.</b>			
				83			
				84 City <b>Melbourne</b>	85 FL	Zip Code <b>32935</b>	

11. Pursuant to the provisions of Sections 607.0502 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

Signature, typed or printed name of registered agent and officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREES, ROBERT L.</b>	12 NAME	
STREET ADDRESS	<b>2833 PEMBROKE RD.</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	14 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREES, JEAN M.</b>	22 NAME	
STREET ADDRESS	<b>2833 PEMBROKE RD.</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>MELBOURNE FL</b>	24 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - 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, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 407-259-8353

Date

Telephone Number

CR2E034 (3/96)