

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

FILED  
Mar 18 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M66385

(9)

1. Corporation Name:

BREES' UPHOLSTERY, INC.



Principal Place of Business:

751 B WASHBURN RD  
2213 HIGHLAND AVENUE  
MELBOURNE FL 32935  
US

Mailing Address:

751 B WASHBURN RD  
2213 HIGHLAND AVENUE  
MELBOURNE FL 32935-6621  
US

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

BREES, ROBERT L.  
2833 PEMBROKE RD  
MELBOURNE FL 32935

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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

12. Signature of person or persons authorized to change the registered office or registered agent

OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS    | CITY-ST-ZIP  |
|-------|------------------|-------------------|--------------|
| D     | BREES, ROBERT L. | 2833 PEMBROKE RD. | MELBOURNE FL |
| D     | BREES, JEAN M.   | 2833 PEMBROKE RD. | MELBOURNE FL |
|       |                  |                   |              |
|       |                  |                   |              |
|       |                  |                   |              |
|       |                  |                   |              |
|       |                  |                   |              |
|       |                  |                   |              |
|       |                  |                   |              |
|       |                  |                   |              |

13. Signature of person or persons authorized to change the registered office or registered agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 13. TITLE | 12. NAME | 13.5 STREET ADDRESS | 14. CITY-ST-ZIP | 15. TITLE | 16. NAME | 16.5 STREET ADDRESS | 17. CITY-ST-ZIP | 18. TITLE | 19. NAME | 19.5 STREET ADDRESS | 20. CITY-ST-ZIP |
|-----------|----------|---------------------|-----------------|-----------|----------|---------------------|-----------------|-----------|----------|---------------------|-----------------|
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |
|           |          |                     |                 |           |          |                     |                 |           |          |                     |                 |

14. I do hereby certify that the information submitted with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

ROBERT L. BREES

JEAN M. BREES

2-699

CR2E034 (9/96)