

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 # **P93000051676 (3)**

1. Corporation Name

REGAL UPHOLSTERY, INC.



Principal Place of Business

**5049 NE 12 AVE
OAKLAND PARK FL 33334**

Mailing Address

**5049 NE 12 AVE
OAKLAND PARK FL 33334**

3. Date Incorporated or Qualified

07/23/1993

3a. Date of Last Report

10/16/1995

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0426868

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**MARIONI, PETER
5049 N.E. 12TH AVE.
OAKLAND PARK FL 33334**

10. Name and Address of New Registered Agent

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 607.05(2) and 607.15(1)(F) 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(2), Florida Statutes.

SIGNATURE

Signature (to be signed by the registered agent or by the corporation)

Signature of Registered Agent (to be signed by the registered agent)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

D

DELETE

2. NAME

MARIONI, PETER

3. STREET ADDRESS

5049 NE 12 AVE

4. CITY-STATE-ZIP

OAKLAND PARK FL 33334

1. TITLE

DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

1. TITLE

DELETE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

Change

Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE

Change

Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

3. TITLE

Change

Addition

3. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

4. TITLE

Change

Addition

5. TITLE

Change

Addition

5. NAME

5. STREET ADDRESS

6. CITY-STATE-ZIP

6. TITLE

Change

Addition

6. NAME

6. STREET ADDRESS

6. CITY-STATE-ZIP

SIGNATURE:

Peter Marioni
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/96
Date

Digitize Print #

CR2E034 (12/95)