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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400060925 (2)

ANTHONY'S AUTO UPHOLSTERY, INC.

UNITED 18

FILED
May 04 1998 8:00am
Secretary of State



Principal Place of Business Mailing Address					E LOBERGOT SIO TOTAL ODELL OBELL ABLEL ADELL DRITT DITTE ODELD TOTAL LIBET BLITT (ADE		
	Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip Country  25  9. Name and Address of Curre  STULL, R. JEFFREY  602 S BLVD  TAMPA FL 33606  1. Pursuant to the provisions of Sections 607.05  office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig IGNATURE	903 E 99RD AVE					
TAMPA FL 33612		TAMPA FL 33612				DO NOT WRITE IN THIS SPACE	
						3, Date Incorporated or Qualified	
						08/18/1994	
	lace of Business	2a. Mailing Address				4. FEI Number Applied For	
21		26				<b>59-3126636</b> Not Applicat	
	#, etc.	Suite, Apt. #, etc.				\$8.75 Additional	
22		27				Fee Required	
	8	City & State				6. Election Campaign Financing \$5.00 May Be	
23 Zin	Country	28 Zip	T C0	untry	,	Trust Fund Contribution	
24	<u></u> ⊢₁ '	29	30	or it y		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. XYes  No	
27		<b> </b>	130	Γ		10. Name and Address of New Registered Agent	
LTS.				81	Name		
				82	Stroot Add	Voca (D.O. Boy Alumbor is Not Accontable)	
				02	Street Addr	dress (P.O. Box Number is Not Acceptable)	
TAN	W W I E 00000			83			
				84	City	FL 85 Zip Code	
agent. I ad	to the provisions of Sections 607.050 egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 607.1508, Florida Statu o of Florida. Such change was nations of, Section 607.0505, F	ites, the a authorize lorida Sta	above ed by itutes	e-named corp the corporat	poration submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signatore, typed or printed name of registered ag	ggrand tille fapplicable. (NC	Tf. Rogistere	ed Age	ent signature requi	ired wher: reinstating) DATE	
12.	OFFICERS AN	ID DIPÉCTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 T	TLE		Change Additi	
NAME	FONSECA, ANTHONY J		1.2 N	AME			
STREET ADDRESS	903 E 93RD AVE		1.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 0	ITY-S	T- ZIP		
TITLE	VP	DELETE	2.1 ĭ	ITLE		Change Additi	
NAME	MENENDEZ, JANICE M		2.2 N	AME			
STREET ADDRESS	903 3 9RD AVE		2.3 \$	TREET	ADDRESS		
CITY-ST-ZIP	TAMPA FL	T 55,575			ST-ZIP	F	
TITLE		☐ DELETE	3.1 7			Change Additi	
NAME			3.2 N				
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP		DELETE		-	ST-ZIP	Change Additi	
TITLE			4.1 T			Change Month	
NAME				NAME	***************************************		
STREET ADORESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	5.1 T	ITY-S	1-712	Change Additi	
NAME		bitti	5.1 N			onange noun	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP TITLE		DELETE	61 T	ITY-S	1-4IF	Change Addition	
NAME			62 N			_ onenge _ Additi	
STREET ADDRESS					ADDRESS		
CITY-ST-ZIP				ATY-S			
0111-01-6F I			■ 0.4 U	44 F ~ D	4114F   1		

14. I 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 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.

(8/3)931-8

CR2E034 (10/97