

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 # P94000060925 (2)

1. Corporation Name

ANTHONY'S AUTO UPHOLSTERY, INC.

OK #1455
4/27/98

FILED
May 04 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------------------|---|---------------------|
| Principal Place of Business 903 E 93RD AVE TAMPA FL 33612 | | Mailing Address 903 E 93RD AVE TAMPA FL 33612 | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | Suite, Apt. #, etc. | 25 | Suite, Apt. #, etc. |
| 22 | City & State | 27 | City & State |
| 23 | Zip | 28 | Country |
| 24 | Country | 29 | Zip |
| 25 | Country | 30 | Country |
| 9. Name and Address of Current Registered Agent STULL, R. JEFFREY 602 S BLVD TAMPA FL 33606 | | 10. Name and Address of New Registered Agent | |
| 81 Name | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | | 84 City | |
| 85 | | Zip Code | |

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] DATE 4/27/98

(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | DP | 1.1 TITLE | |
| NAME | FONSECA, ANTHONY J | 1.2 NAME | |
| STREET ADDRESS | 903 E 93RD AVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | VP | 2.1 TITLE | |
| NAME | MENENDEZ, JANICE M | 2.2 NAME | |
| STREET ADDRESS | 903 E 93RD AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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.

SIGNATURE [Signature] DATE 4/27/98 (183) 931-8722

CP2E034 (10/97)