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 # P95000032643 (5)

TOTAL LEATHER CARE FURNITURE REFINISHING, INC.

FILED May 05 1998 8:00am Secretary of State

| | | | _ | | | | | | |
|--|--|---|-------------------------------|---|---------------------|---|-------------------|--|------------|
| Principal Place of Business Mailing Address | | | | | | - I 19641081 140 (848) 8411 89111 88411 86111 8910E | ANNE ALBIE BAN | | |
| 3886 LAKE MIRAGE BOULEVARD 3886 LAKE MIRAGE BOUL | | | OULEVARD | | | | | | |
| ORLANDO FL 32817 ORLANDO FL 32817 | | | | | | DO NOT WRITE IN THIS SPACE | | | |
| | | | | | | 3. Date Incorporated or Qualified | SPACE | | — |
| | | | | | | 04/24/1995 | | | - 1 |
| 2. Principal I | Place of Business | 2a. Mailing Address | | | | 4. FEI Number | | Applied For | |
| 21 26 | | | | | | 59-3319323 | - | Not Applica | |
| Sulte, Apt. #, etc. Suite, Apt. #, etc. | | | | _ | | 5. Certificate of Status Desired | \$8.7 | 5 Additional | ヿ゙ |
| 27 | | | | | | 5. Certificate of Status Desired | Fee | Required | |
| City & State City & State | | | | | | 6. Election Campaign Financing | | O May Be | 1 |
| 23 | | | | | | Trust Fund Contribution | | d to Fees | |
| Zip | han han han ha | | | Country 8. This corporation owes or has paid the current year Intangible | | | | | - 1 |
| 24 | 25 Name and Address of Curr | ent Registered Agent | 30] | | | Personal Property Tax due June 30. 10. Name and Address of New Registered | Li Yes I Agent | □ No | |
| 1.0 | | Aur Linkling Land Whell | · | 81 | Name | 10. Hanne min Cantago of their tieflistere | Anin | | \dashv |
| MUNIZZI, DAVID 3886 LAKE MIRAGE BOULEVARD | | | | | | | | | |
| ORLANDO FL 32817 | | | | 82 | Street Addr | Address (P.O. Box Number is Not Acceptable) | | | |
| ١ | NDANDO FL 32017 | | ŀ | 63 | | | | | - |
| | | | ļ | _ | | | , | | |
| | | | | 84 | City | FI | 85 Zi | ip Code | |
| 11. Pursuant | to the provisions of Sections 607.0 | 502 and 607.1508, Florida Stat | tutes, the ab | ove | -named corp | | | g its register | ed |
| office or | registered agent, or both, in the Sta | ite of Florida. Such change wa Izrations of Section 607 0505 | s authorized Florida Stati | l by | the corporat | oration submits this statement for the purpose ion's board of directors. I hereby accept the ap | pointment | as registered | a] |
| _ | | ightion of coordinate of tooog | . Ionaa Stati | 1.00 | | | | | |
| SIGNATURE | Signature, typed or printed name of registered | agent and title if applicable (N | OTE: Registered | Ager | n! signature requir | ed when reinstating) DATE | ········· | | - [, |
| 12. | | IND DIRECTORS | 13. | | | ADDITIONS/CHANGES TO OFFICERS AN | | | |
| TITLE | PVST | | 1.1 TITLE | | | | Chang | e 🔲 Addit | ion |
| NAME | MUNIZZI, DAVID | | 1.2 NA | ME | | | | | |
| STREET ADDRESS | | EVARD | 1.3 \$10 | REET | ADDRESS | | | | Įį |
| CITY-ST-ZIP | ORLANDO FL 32817 | DECETE | 1.4 CITY - | | - ZIP | | Chana | a Addin | [|
| TITLE | DELETE | | | 2.1 TITLE | | | L Chang | je Addit | .ion |
| NAME | MUNIZZI, DAVID | EVADO. | 22 NA | | | as S ↓ | | | |
| STREET ADDRESS | 3886 LAKE MIRAGE BOUL ORLANDO FL 32817 | EVAND | | | ADDRESS | | | | - } |
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| STREET ADDRESS | | | | | ADDRESS | | | | |
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| NAME | | | 4. 2 NA | | | | | _ | |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY-ST-ZIP | | | 4.4 CIT | | | | | | |
| TITLE | | | 5 1 TIT | | | ` | Chang | je 🔲 Addit | ion |
| NAME | | | 5.2 NA | ME | | | | | |
| STREET ADDRESS | | | 5.3 ST | REE1 A | ADDRESS | | | | |
| CITY-ST-ZIP | | | 5.4 CIT | Y-S1 | r- ZIP | | | | |
| TITLE | DELETE | | 6.1 TIT | 6.1 TITLE | | | Chang | je 🗌 Addit | ion |
| NUME | | | 6.2 NA | ME | ŀ | | | | |
| STREET ADDRESS | | | 6.3 ST | REET A | ADDRESS | | | | - } |
| CITY-ST-ZIP | | | 6.4 CH | | | | | | |
| 14, thereby | certify that the information supplied | with this filing does not qualify | y for the exe | mpt | ion stated in | Section 119.07(3)(i)/Florida Statutes. I further | certify that t | tne information | on] |

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.

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