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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000032643

1. Corporation Name

TOTAL LEATHER CARE FURNITURE REFINISHING, INC.

Principal Place of Business			Mailing Address				Lidelides the rests grat sent sent sent sent sent sent sent sen		
3886 LAKE MIRAGE BOULEVARD		3886 LAKE MIRAGE BOULEVARD							
ORLANDO FL 32817			ORLANDO FL 32817				DO NOT WOITE IN THIS SPACE		
							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							04/24/1995		
2. Principal Place of Business			2a. Mailing Address				4. FEI Number Applied For		
21			26				59-3319323   Not Applicable   \$8.75 Additional		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5 Certificate of Status Desired	_	
22			City & State						
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
23			Zip Country						
一 ·	Zip Country				- نخب		8. This corporation owes the current year Intancible Personal Property Tax.		
24	25 29 29 9. Name and Address of Current Registered Age			30 -			10. Name and Address of New Registered Agent		
	9. Name and Address or Current	Kegis	stereu Agent		81	Name	10. Halle and readings of their regions of their		
MUN	lizzi, david								
3886 LAKE MIRAGE BOULEVARD						Street A	dress (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32817									
·					83				
					84	City	FL 85 Zip Code		
			207.4500 51. 11. 01-14				orporation submits this statement for the purpose of changing its registered		
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	f Flori	da. Such change was at	uthorize	d bv	the corpor	ration's board of directors. I hereby accept the appointment as registered		
SIGNATURE									
SIGNATURE	Signature, typed or printed name of registered agent	and title	if applicable. (NOTE	Registere	d Agen	nt signature rec	quired when reinstating) DATE	á	
12.	OFFICERS AND	DIRE		13			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	5	
TITLE	PVST - DELETE			1.11	1.1 TITLE		☐ Change ☐ Addition	ζ	
NAME	MUNIZZI, DAVID			1.21	1.2 NAME			ξ	
STREET ADDRESS 3886 LAKE MIRAGE BOULEVAR			(D			ADDRESS		ŭ	
CITY-ST-ZIP ORLANDO FL 32817						T-ZIP		ò	
TITLE	D DELETE			2.1	MLE		☐ Change ☐ Addition	١	
NAME	MUNIZZI, ANG EGA			2.21	AME		· ·		
STREET ADDRESS	3886 LAKE MIRAGE BOULEVAF	₹D		2.3 \$	TREET	TADDRESS			
CITY ST-ZIP	-ORLANDO FL-32817	<del></del> -		2.4	CITY S	T-ZIP ====		=	
TITLE			☐ DELETE	3.11	TITLE		☐ Change ☐ Addition		
NAME _	•			3.21	MAME	İ			
STREET ADDRESS				3.3 5	STREET	F ADDRESS			
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP			
TITLE			☐ DELET€	4.1	MLE	T	☐ Change ☐ Addition		
NAME				4. 2	NAME				
STREET ADDRESS				4.3 \$	STREET	ADDRESS			
CITY-ST-ZIP				4.4 0	OTY-S	T-ZIP			
TITLE			☐ DELETE	5.1	ITILE		☐ Change ☐ Addition		
NAME				5.21	VAME		(		
STREET ADDRESS				5.3	STREET	1 ADDRESS			
CITY-ST-ZIP	•			5.4 (	CITY-S	T-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 charged, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-Z)P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

407-678-3454

Change

Addition

Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90099 016 \*\*\*150.00