


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

**FILED**  
**Mar 19, 1999 8:00 am**  
**Secretary of State**

03-19-1999 90009 023 \*\*\*\*\*8.75  
 03-19-1999 90009 024 \*\*\*150.00

0350398

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000004114**  
 1. Corporation Name  
**A & B UPHOLSTERY, INC.**

Principal Place of Business: 8726 S.E. SUNSET DRIVE HOBE SOUND FL 33455  
 Mailing Address: 8726 S.E. SUNSET DRIVE HOBE SOUND FL 33455



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8949 SE BRIDGE RD		26 8949 SE BRIDGE RD		01/10/1996	
22 #284		27 #284		4. FEI Number	
23 HOBE SOUND, FL		28 HOBE SOUND, FL		65-0632824	
24 33455		29 33455		Applied For	
25 USA		30 USA		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
FISHER, JOSEPH R				X	
49 S.E. KINARES STREET				\$8.75 Additional Fee Required	
STUART FL 34994				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	
				8. This corporation owes the current year Intangible Personal Property Tax.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FISHER, JOSEPH R		81 Name	
49 S.E. KINARES STREET		82 Street Address (P.O. Box Number is Not Acceptable)	
STUART FL 34994		83	
		84 City	
		FL	
		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <del>DELETE</del>	1.1 TITLE	PT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RAUMANN, WANDA L	1.2 NAME	JOSEPH E COLLIER
STREET ADDRESS	8726 SE SUNSET DR	1.3 STREET ADDRESS	8949 SE BRIDGE RD #284
CITY-ST-ZIP	HOBE SOUND FL	1.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMERO, BARBARA A	2.2 NAME	BARBARA A ROMERO
STREET ADDRESS	8726 S.E. SUNSET DRIVE	2.3 STREET ADDRESS	8949 SE BRIDGE RD #284
CITY-ST-ZIP	HOBE SOUND FL	2.4 CITY-ST-ZIP	HOBE SOUND, FL 33455
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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, with all other like empowered.

SIGNATURE: BARBARA A ROMERO *Barbara A Romero* 2-23-99 (561) 485-4873  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Joseph E Collier* 2/22/99

CR2E034 (11/98)