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PROFIT CORPORATION ANNUAL REPORT

1999

NAME

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CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 17, 1999 8:00 am Secretary of State

(727) 544-0097

05-17-1999 90061 029 ***150.00

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000020937 (4)

FLORIDA UPHOLSTERY SUPPLIES, INC.

Principal Place of Business Mailing Address 219 TARPON INDUSTRIAL DRIVE 219 TARPON INDUSTRIAL DRIVE TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34689 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/06/1996 4. FEI Number Applied For 2a. Mailino Address 2. Principal Place of Business Not Applicable 21 26 59-3370474 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Г 23 Trust Fund Contribution Added to Fees 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible X Yes 30 Personal Property Tax due June 30. 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name VINOVICH, DAN 219 TARPON INDUSTRIAL DRIVE Street Address (P.O. Box Number is Not Acceptable) **TARPON SPRINGS FL 34689** 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) CR2E034 (10/97 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 T!TLE TITLE VINOVICH, DAN 1.2 NAME NAME 219 TARPON INDUSTRIAL DRIVE 1.3 STREET ADDRESS STREET ADDRESS **TARPON SPRINGS FL 34689** CITY-ST-ZIP 1.4 CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition ■ DELETE Change TITLE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Addition DELETE ☐ Change 6.1 TITLE TITI F

6.2 NAME

6.3 STREET ADDRESS

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