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

PROFIT CORPORATION ANNUAL REPORT **1998** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 15 1998 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000023292 (1)

M & M UPHOLSTERY, INC.

Principal Place	e of Business	Mailing Address		<del></del>		
6230 47TH AVE E 6230 47TH AVE E BRADENTON FL 34203					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
					03/11/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
Suite, Apt	# oto	26 Suite, Apt #, etc.			65-0655270	Not Applicable
22	#, Ott	27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	·	<del></del>	6. Election Campaign Financing	\$5.00 May Be
23		26			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the	
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9, Name and Address of Curr	ent Registered Agent		<del> </del>	10. Name and Address of New Registe	red Agent
	rtin, sherry		6	1 Name		
6230 47TH AVE E			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
BR/	ADENTON FL 34203		8	<u> </u>		·
4				1		
			8	4 City		85 Zip Code
11 Pursuent	to the provisions of Sactions 607 Of	502 and 607 1508 Florida St	atutos the abo	un named cor	poration submits this statement for the purpo	co of changing its registered
SIGNATURE	m familiar with, and accept the oblining accept th				ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	MARTIN, SHERRY		1.2 NAM			
STREET ADDRESS	6230 47TH AVE E			ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		1.4 CITY	J		
THLE	STD	DELETE	21 TITLE			Change Addition
NAME	MURRAY, ANGELA		2.2 NAM			
STREET ADDRESS	6230 47TH AVE E		23 STRE	ET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34203		2 4 City	-ST-ZIP		
TITLE		DELETE	3.1 TITLE			Change Addition
NAME			3 2 NAME			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			3 4. CITY			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAM	· i		
STREET ADDRESS				FT ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	4.4 CITY-			Change Addition
NAME		LJ INTERE	51 111E			C) Ondrigo C) ROUTION
STREET ADDRESS				et address		
CITY-ST-ZIP			5.4 CITY-	ſ		
TITLE		DELETE	6.4 CHY-			☐ Change ☐ Addition
NAME			6.2 NAME	l l		
STREET ADDRESS				et address		
CITY-ST-ZIP			6.4 CITY-			

14. Thereby 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 suppliemental 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 changes, or an attachment with an address.

SIGNATURE:

SIGNATURE: