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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
Division of Corporations

DOCUMENT # P9600053814 (5)

NAPLES HOME FASHION UPHOLSTERY, INC. Principal Place of Business Mailing Address 5309 SHIRLEY STREET 5309 SHIRLEY STREET NAPLES FL 34109 NAPLES FL 34109				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
				06/24/1996	
 -	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21]		26		65-0680918	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired \$8.75 Addition	ゆい/ つ Additional Fee Required
City & Stat	to.	City & State		6. Election Campaign Financing	\$5,00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7()	Country	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 Curre			10. Name and Address of New Registere	ed Agent
CN	IOSSEN, THOMAS BARRY		81 Name		
5309 SHIRLEY STREET			82 Street Add	Idress (P.O. Box Number is Not Acceptable)	
NA	PLES FL 34109				
			83		
			84 City		. 85 Zip Code
		1 7 - 7	<u> </u>	- L_ - 1	
Ollice or I	registered agent, or both, in the State	e of Florida. Such change wa	is authorized by the corpora	ition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signatore typed or product zona of inspetending	pen and leteral applicable (N	IOI1: Flogistatika Agent signature requi	red when reinstating) DATE	35
SIGNATURE	Signature typed or prising name of repotered ag OFFICERS AN	ally composiz			100 L
SIGNATURE	Signature hyperd or printed rame of in-perfected into	post and their et applicable (KND DIRE CTORS)	OII flogsførlig Agent signature requi	ored when reinstating) DAN E	AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature typed or prising name of repotered ag OFFICERS AN	post and their et applicable (KND DIRE CTORS)	IOIT Flogistered Agent signature requi	ored when reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
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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 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 changed, or on an atlachment with an address

SIGNATURE:

The Manning of the corporation of the receiver of 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 atlachment with an address