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Mar 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000066416 (4)

1. Corporation Name
MODUS UPHOLSTERY, INC.

Principal Place of Business
3625 S.W. 30TH AVENUE
BLDG. #1
FT. LAUDERDALE FL 33312

Mailing Address
3625 S.W. 30TH AVENUE
BLDG. #1
FT. LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/09/1996

4. FEI Number
APPLIED FOR 65-0690171
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

GOREN, SAMUEL S
3099 S. COMMERCIAL BLVD.
SUITE 200
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name MCNAUGHTON, KEITH A.
82 Street Address (P.O. Box Number is Not Acceptable)
6263 NW 42 CT.
83
84 City CORAL SPRINGS FL 85 Zip Code 33067

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 *Keith A. McNaughton*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/24/98
Date

12. OFFICERS AND DIRECTORS

TITLE
NAME D MCNAUGHTEN, KEITH
STREET ADDRESS 3625 S.W. 30TH AVENUE BLDG. 1
CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ DELETE

TITLE
NAME P MCNAUGHTON, PATRICIA HEYLA
STREET ADDRESS 6263 NW 42 CT
CITY-ST-ZIP CORAL SPRINGS FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME C MCNAUGHTON, KEITH
1.3 STREET ADDRESS 6263 NW 42 CT.
1.4 CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME P MCNAUGHTON, PATRICIA, H.
2.3 STREET ADDRESS 6263 NW 42 CT
2.4 CITY-ST-ZIP CORAL SPRINGS FL 33067 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE *Keith A. McNaughton* *Patricia Heyla McNaughton* 2/24/98 (927) 501-7197

CR2E034 (10/97)