


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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000066933 (8)					
1. Corporation Name R C UPHOLSTERY & DESIGNS, INC.					
Principal Place of Business P.O. BOX 1530 BOYNTON BEACH FL 33425-1530			Mailing Address P.O. BOX 1530 BOYNTON BEACH FL 33425-1530		
2. Principal Place of Business 21 700 W Industrial Ave Suite, Apt. #, etc. 22 #12 City & State 23 Boynton Bch Fl Zip 24 33425		2a. Mailing Address 26 PO Box 1530 Suite, Apt. #, etc. 27 City & State 28 Boynton Bch Fl 33425 Zip 29 33425		3. Date Incorporated or Qualified 08/12/1996 3a. Date of Last Report 08/12/1996	
25		28		4. FEI Number 65-0684191 Applied For Not Applicable	
26		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
27		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28		31		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29		32		10. Name and Address of New Registered Agent	
30		33		81 Name	
31		34		82 Street Address (P.O. Box Number is Not Acceptable)	
32		35		83	
33		36		84 City	
34		37		85 Zip Code	
35		38		FL	
36		39		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.	
37		40		SIGNATURE	
38		41		Signature, typed or printed name of registered agent and title if applicable.	
39		42		(NOTE: Registered Agent signature required when reinstating)	
40		43		DATE	
41		44		12. OFFICERS AND DIRECTORS	
42		45		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
43		46		1.1 TITLE	
44		47		1.2 NAME	
45		48		1.3 STREET ADDRESS	
46		49		1.4 CITY-ST-ZIP	
47		50		2.1 TITLE	
48		51		2.2 NAME	
49		52		2.3 STREET ADDRESS	
50		53		2.4 CITY-ST-ZIP	
51		54		3.1 TITLE	
52		55		3.2 NAME	
53		56		3.3 STREET ADDRESS	
54		57		3.4 CITY-ST-ZIP	
55		58		4.1 TITLE	
56		59		4.2 NAME	
57		60		4.3 STREET ADDRESS	
58		61		4.4 CITY-ST-ZIP	
59		62		5.1 TITLE	
60		63		5.2 NAME	
61		64		5.3 STREET ADDRESS	
62		65		5.4 CITY-ST-ZIP	
63		66		6.1 TITLE	
64		67		6.2 NAME	
65		68		6.3 STREET ADDRESS	
66		69		6.4 CITY-ST-ZIP	
67		70		14. I do 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.	
68		71		SIGNATURE: x	
69		72		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
70		73		Date	
71		74		Daytime Phone #	
72		75		0343029	



CR2E034 (9/96)

x 3-31-97