


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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| PROFIT CORPORATION ANNUAL REPORT 1998 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P97000042692 (8) 1. Corporation Name TRADE PLUS, INC. DBA COMPLETE UPHOLSTERY | | | | | |
| Principal Place of Business 4560 WOODLANDS VILLAGE DR. ORLANDO FL 32825 | | | Mailing Address 4560 WOODLANDS VILLAGE DR. ORLANDO FL 32825 | | |

FILED

98 NOV -2 AM 10:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 6160 EDGEWATER DRIVE | | 2a. Mailing Address 26 6160 EDGEWATER DRIVE | | 3. Date Incorporated or Qualified 05/12/1997 | |
| Suite, Apt. #, etc. 22 SUITE H | | Suite, Apt. #, etc. 27 SUITE H | | 4. FEI Number 59 344 69 56 | |
| City & State 23 ORLANDO FL | | City & State 28 ORLANDO FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 32810 | | Zip 29 32810 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country 25 ORANGE | | Country 30 ORANGE | | 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent BRYAN, JASON 4560 WOODLANDS VILLAGE DR. ORLANDO FL 32825 | | | | 10. Name and Address of New Registered Agent 81 Name JASON BRYAN 82 Street Address (P.O. Box Number is Not Acceptable) 6160 EDGEWATER DR, UNIT H 83 ORLANDO, FL 32810 84 City 85 Zip Code FL | | | |
|--|--|--|--|--|--|--|--|

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 Jason Bryan (NOTE: Registered Agent signature required when reinstating) DATE 10-15-98

| | | | | | | | |
|---|----------------------------|---------------------------------|--|--|---|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE DPTS | NAME JASON BRYAN | <input type="checkbox"/> DELETE | | 1.1 TITLE DIRECTOR | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| STREET ADDRESS 6160 EDGEWATER DR. #H | | | | 1.2 NAME JASON BRYAN | | | |
| CITY-ST-ZIP 4560 WOODLANDS VILLAGE DR. ORLANDO, FL. 32810 | | | | 1.3 STREET ADDRESS 6160 EDGEWATER DR. #H | | | |
| | | | | 1.4 CITY-ST-ZIP ORLANDO, FL. 32810 | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 2.2 NAME | | | |
| STREET ADDRESS | | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 2.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 3.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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 Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Jason Bryan DATE 9-25-98

CR2E034 (5/98)