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**PROFIT CORPORATION** ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000075759 (5)

WHOLESALE AUTO UPHOLSTERY INC.

## **FILED** Apr 29 1998 8:00am Secretary of State



| 12289 85TH R   |  | 12289 85TH ROAD NOR   |  |  |  |   |   |
|--|--|---|--|--|--|---|---|
| MESI PALM  | BEACH FL 33412   | WEST PALM BEACH FL  | 33412  |  | DO NOT WRITE   | E IN THIS SPACE                               |   |
|  |  |   |  |  | 3. Date Incorporated or Qualified                      |   | ·····   |
|  |  |   |  |  | 08/29/1997   |   |   |
| 2. Principal Pi  | lace of Business   | 2a. Mailing Address   |  |  | 4. FEI Number  |   | Applied For   |
| _  | 888 N. Militar   | 10000   | 14.11  |  | 2. 65-0782876  | $\vdash$                                      | Not Applicabl   |
| Suite, Apt.  | <u> </u>   | Suite, Apt. #, etc.   | NATHER   | <del>*//_</del>  | 21 00 010007   | _ \$8.7                                       | 5 Additional  |
| 2  |  | 27  |  |  | 5. Certificate of Status Desired                       | 7   | Required  |
| City & State   | A Palm Beach   | City & State  Cas (28) Pale   | a Beacl  | h &  | 6. Election Campaign Financing Trust Fund Contribution |   | May Be<br>to Fees   |
| Zip  | Country  | Zip   | Country  | . • –  | 8. This corporation owes or has pa                     | aid the current year                          | Intangible  |
| 334  | 109   25 PUSA  | 29 33409  | 30   | <u> </u>   |  |   | □ No  |
|  | g. Name and Address of Current                                       | Registered Agent  |  |  | 10. Name and Address of New Re                         | egistered Agent                               | <del></del>   |
| WA   | RNER, DANIEL E   |   | 81   | Name   |  |   |   |
| 122  | 289 85TH ROAD NORTH  |   | 82   | Street   | Address (P.O. Box Number is Not Acceptal               | hle)  |   |
| WE   | ST PALM BEACH FL 33412   |   | -  | 01.00()  | riodroda (i .o. Box Harribo) la Hot Noobjidi           | 1510)   |   |
| _  |  |   | <b>B3</b>  |  |  |   |   |
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|  |  |   | 64   | City   |  | FL  85   Z                                    | ip Code   |
| agent. I ar  | m familiar with, and accept the obliga                               | tions of, Section 607.0505, Fi                                      | orida Statutes   | •  | •  |   | -   |
| SIGNATURE  |  |   |  |  |  |   |   |
| SIGNATURE  | Signature, typed or printed name of registered agen                  | t and trie if applicable (NO)                                       | E: Registered Age  |  | required when reinstating)                             | DATE  |   |
| SIGNATURE  | Signature, hipped or printed name of registered agen<br>OFFICERS AND | t and trie it applicable (NOT) DIRECTORS                            | E: Registered Age  |  | ADDITIONS/CHANGES TO OFFIC                             | CERS AND DIRECT                               | ORS IN 12   |
| SIGNATURE  2.  |  | t and trie if applicable (NO)                                       | TE: Registered Age   |  | ADDITIONS/CHANGES TO OFFIC                             | CERS AND DIRECT                               | ORS IN 12   |
| SIGNATURE  2.  |  | t and trie it applicable (NOT) DIRECTORS                            | E: Registered Age  |  | ADDITIONS/CHANGES TO OFFIC                             | CERS AND DIRECT                               | ORS IN 12<br>e Additio  |
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