

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

FILED

Jul 22 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 # P97000106691
1. Corporation Name

Mid-Atlantic Upholstery & Reconditioning Center, Inc.

Principal Place of Business

705 Bougainvillea Lane
Vero Beach, FL 32963

Mailing Address

10780-K Hanna St.
Beltsville, MD 20705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

December 19, 1997

4. FEI Number

65-0799568

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

Aiello, Robert J.
705 Bougainvillea Lane
Vero Beach, FL 32963

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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, 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

[Signature]
Signature typed or printed name of registered agent and title of applicable

(NOTE - Registered Agent signature required when reinstating)

DATE

7/13/98

12. OFFICERS AND DIRECTORS

TITLE Vice President ☐ DELETE
NAME Aiello, Peter W.
STREET ADDRESS 705 Bougainvillea Ln.
CITY-ST-ZIP Vero Beach, FL 32963

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President ☐ DELETE
NAME Lombard, Carole A.
STREET ADDRESS 4970 Dorsey Hall Dr.
CITY-ST-ZIP Ellicott City, MD 21042

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ 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 checked, or in an attachment with an address.

SIGNATURE:

[Signature] CAROLE LOMBARD 7/13/98 301-595-3080

CR2E034 (10/97)