Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90096 033 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800003241

1. Corporation	D'S UPHOLSTERY, INC.						
Principal Place of Business Mailing Address						'AT MOOTE ON THE ENGINEER THE BEST OF	1884 HUL 1881
1401 11TH ST. 1354 FAWN AVE. ST. CLOUD FL 34769 DELTONA FL 32725					DO NOT WRITE IN 3. Date Incorporated or Qualifed	₹ THIS SPACE	
					01/09/1998		
Principal Place of Business 2a. Mailing Address			<u>ــــــــــــــــــــــــــــــــــــ</u>		4. FEI Number	Apr	lied For
21 26 4			<u> 3t. </u>		59-3487438		Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
City & State City & State			FL		Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
Zip	Country 25	Zip 29 34769 30	Country		This corporation owes the current y Personal Property Tax.		ÑNo
9. Name and Address of Current Registered Agent					10. Name and Address of New Regis		
ROSSMAN, KARL J 1354 FAWN AVE. DELTONA FL 32725			81 82 83	Street Ad		25 Zin C	odę a
office or re agent. I ar	egistered agent, or both, in the State or familiar with, and accept the oblig	e of Florida. Such change was auth ations of, Section 607.0505, Florida	orized by the Statutes.	ne corpora	rporation submits this statement for the purp tion's board of directors. I hereby accept the	FL 347 rose of changing its reappointment as reg	egistered istered
SIGNATURE	Signature-mod or printed name of registered as	AR J COSSMAN ient and title if applicable. (NOTE: Re	gistered Agent	signature requ	ired when reinstating)	ATE	
SIGNATURE Signature tropid or printed name of registered agent and title if applicable. (NOTE: Re 12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICE		RS IN 12
TITLE	D	☐ DELETE	1,1 TITLE		P/D	Change	Addition
NAME	ROSSMAN, KARL J		1.2 NAME	R	OSSMAN, KARL J.		
STREET ADDRESS	1354 FAWN AVE.		1.3 STREET		401 /1th 51		
CITY-ST-ZIP	DELTONA FL 32725		1.4 CITY-ST-	ZIP C	t. Cloud, FL 34769		
TITLE	D DELETE		2.1 TITLE	Y	TTSID ROSSMAN, Mildred E	🔀 Change	☐ Addition
NAME	ROSSMAN, MILDRED E	,	2.2 NAME	16	ZOSSMAN, MILATEG F		
STREET ADDRESS	1354 FAWN AVE.		2.3 STREET	CONESS 7	70/ // 21		
CITY-ST-ZIP	DELTONA FL 32725		2.4 CITY-ST	-ZIP	st. Cloud, F1 34767		4 1 1 22
TITLE		☐ DELETE	3.1 TITLE	1	D	☐ Change	∑ Addition
NAME			3.2 NAME	<i>F</i>	lippo, william	~~	· - *
CTDEET ADDDEEC		•	33 STREET	ADORESS A	401 11th ST.		

6.4 CITY-ST-ZIP 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, with all other like empowered.

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4 1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

☐ DELETE

☐ DELETE

☐ DELETE

FL 34769

st. cloud,

1/8/99 (407) 892-5462
Dayline Phone #

Addition

☐ Addition

Addition

[T] Change

Change

Change