Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90023 031 \*\*\*150.00

## FILE NOW: FILING FEE AFTER MAY 1ST 13 \$550.00

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000032228

CITY-ST-ZIP

B G'S CUSTOM UPHOLSTERY, CONVERSIONS, INC.

											# 1711 <b>4</b> 71 <b>9</b> 14 178	(B     B = 1   B   1   B   B
Principal Place of Business			Mailing Address									
1954 N.W. 55TH AVENUE MARGATE FL 33063		1954 N.W. 55TH AVENUE MARGATE FL 33063					DO NOT WEE	FF (A) T' ''	e edace			
							-	2 5	DO NOT WRIT ate Is corporated or Qualifed	E IN IT	5 SPACE	
								0	4/06/1998			
2. Principa Place of Business			2a. Mailing Address						El Number		<u> </u>	pplied For
21			26				68-0		5-0828986			lot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	5. Certifo ate of Status Design				Ailditional
22		27									Fee F	Rec uired
City & State			City & State					6. El	lection Campaign Financing		,	May Be
23		28						Tı	rust Fund Contribution		Added	tc Fees
Zip	Courtry			Cou	ntry 8		8. This corporation owes the current year intangible					
24	25	29		30				Persor al Property Tax.				
	9. Name and Address of Curre	nt Regi	stered Agent		0.4	4.1		10. N	lame and Address of New R	egistered	Agent	
DITE	CO WILLIAM				81	Name	е					
PULECIO, WILLIAM			•			Street	et Ac dres	ress (P.O. Box Number is Not Acceptable)				
1954 N.W. 55TH AVENUE MARGATE FL 33063												
MARI	GATE PL 33003				83							
					84	City					85 Zip	Code
						,				F	_     `	
office or re	to the provisions of St ctions 607.05 egistered agent, or bo h, in the State m familiar with, and accept the oblig	e of Flori	ida. Such change was :	authorized	by '	the corp	d corpora rporation's	ation s s boan	submis this statement for the d of clirectors. I hereby accep	purpose o t the appo	of changing it sintment as r	s registered eg stered
SIGNATURE												
	Signature, typed or printed na ne of registered ago		<u> </u>	:: Registered	Agen	t signature	e required w			DATE		
12.	OFFICERS A	ND DIR		13.			<del></del>	AD	DITIONS/CHANGES TO OF	FICERS A		
TITLE	D		☐ DELETE	1.1 T)1							Change	Addition
NAME	PULECIO, WILLIAM			1.2 NA	ME		İ					
STREET ADDRESS	1954 N.W. 55TH AVENUE			1.3 ST	REET	ADDRESS	ss					İ
CITY-ST-ZIP	MARGATE FL 33063			1.4 Ci	Y-\$1	r-ZIP						
TITLE	D		☐ DELETE	2.1 TI	ìΕ						☐ Change	Addition
NAME	HENRIQUES, GLORIA			2.2 NA	ME							{
STREET ADDRESS	1954 N.W. 55TH AVENUE			2.3 ST	REET	ADDRESS	ss					
CITY-ST-ZIP	MARGATE FL 33063			2. 4 CI	TY-S	T-ZIP						
TITLE			☐ D€LETE	3.1 TiT	LE						Change	Addition
NAME				3.2 NA	ME		-					- 1
STREET ADORE 3S				3.3 ST	REET	ADDRESS	ss					
CITY-ST-ZIP				3.4 CI	TY-S	T-ZIP						
TITLE			☐ DELETE	4.1 TIT	LE.						Change	Addition
NAME				4 2 N	<b>AME</b>							İ
STREET ADDRESS				4.3 ST	REET	ADDRESS	ss					
CITY-ST-ZIP				4.4 CT	TY-\$1	T- Z!P						
TITLE			☐ DELETE	5.1 TIT			$\top$				Change	Addition
NAME.				5.2 NA	ME							
STREET ADDRE 3S				53 ST	REET	ADDRESS	s					1
CITY-ST-ZIP				5.4 CI	TY-ST	r-ZIP						Ì
TITLE			☐ DELETE	6.1 TIT	LE		+-				☐ Change	Addition
NAME			_	6.2 NA	MÈ							
				63.ST	REET	ADDRESS	25					1

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 or derived 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.

6.4 CITY-ST-ZIP