


FILE NOW: FILING 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 # P98000053445 Corporation Name VINCENT & SON UPHOLSTERY, INC.																																	
Principal Place of Business 3267 SOUTHSIDE BLVD. #2 JACKSONVILLE FL 32216		Mailing Address 3267 SOUTHSIDE BLVD. #2 JACKSONVILLE FL 32216																															
DO NOT WRITE IN THIS SPACE																																	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country																															
3. Date Incorporated or Qualified 06/15/1996		4. FEI Number 59-3517902																															
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																															
7. This corporation owes the current year intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent TERESI, VINCENT 3267 SOUTHSIDE BLVD. #2 JACKSONVILLE FL 32216																															
9. Name and Address of New Registered Agent		10. Name and Address of New Registered Agent																															
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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.		12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 15%;">D</td> <td style="width: 15%;">TERESI, VINCENT</td> <td style="width: 15%;">3267 SOUTHSIDE BLVD. #2</td> <td style="width: 15%;">JACKSONVILLE FL 32216</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	D	TERESI, VINCENT	3267 SOUTHSIDE BLVD. #2	JACKSONVILLE FL 32216	<input type="checkbox"/> DELETE	NAME						STREET ADDRESS						CITY-ST-ZIP											
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.1 TITLE</td> <td style="width: 15%;">1.2 NAME</td> <td style="width: 15%;">1.3 STREET ADDRESS</td> <td style="width: 15%;">1.4 CITY-ST-ZIP</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.1 TITLE</td> <td>2.2 NAME</td> <td>2.3 STREET ADDRESS</td> <td>2.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.1 TITLE</td> <td>3.2 NAME</td> <td>3.3 STREET ADDRESS</td> <td>3.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.1 TITLE</td> <td>4.2 NAME</td> <td>4.3 STREET ADDRESS</td> <td>4.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.1 TITLE</td> <td>5.2 NAME</td> <td>5.3 STREET ADDRESS</td> <td>5.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.1 TITLE</td> <td>6.2 NAME</td> <td>6.3 STREET ADDRESS</td> <td>6.4 CITY-ST-ZIP</td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.	
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SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)