

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S23422 (6)
1. Corporation Name
BAMA UPHOLSTERING, INC.

Principal Place of Business 1939 DANA DRIVE FT MYERS FL 33907	Mailing Address 1839 DANA DRIVE FT MYERS FL 33907-2103
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3. Date Incorporated or Qualified 01/07/1991	3a. Date of Last Report 06/20/1996
4. FEI Number 65-0235314	Applied For Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent FRIED, PAUL W. 1839 DANA DRIVE FT MYERS FL 33907	10. Name and Address of New Registered Agent 81 Name Timothy J. Harvey 82 Street Address (P.O. Box Number is Not Acceptable) 1939 Dana Drive 83 84 City Fort Myers FL 85 Zip Code 33907
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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, 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.

SIGNATURE: Timothy Harvey, President/Director 4/29/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRIES, BARBARA J. 115 PINEBROOK DR FT MYERS FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PO Harvey, Timothy 1403 SW 11th Ave Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIES, PAUL W. 115 PINEBROOK DR FT MYERS FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V Fries, Paul 2815 SW 37th Terr. Cape Coral, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARVEY, TIMOTHY 1403 SW 11TH AVE CAPE CORAL FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Harvey, Tamara 1403 SW 11th Ave Cape Coral, FL 33991
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARVEY, TAMARA 1403 SW 11TH AVE CAPE CORAL FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	J Fries, Barbara 2815 SW 37th Terr. Cape Coral, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Timothy Harvey 4/29/97 941-936-8642
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)