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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra Ø. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # CENTRAL AUTO UPHOLSTERY, INC.

FILED May 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					4 TOOLISHA IIA JAHOI HOLLI GIDEL ELILLI ARLI ELEL	IOH DIGIT BIBIT DIBK DIDIT KOCK
28 SO. GROVE STREET 28 SO. GROV			EET			
EUSTIS FL 33	2726	EUSTIS FL 32726 US			DO NOT WRITE IN THIS SPACE	
00		Uõ			3. Date Incorporated or Qualified	3 STACE
					01/01/1992	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number Applied For	
21		26	26		59-3093150	Not Applicable
Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.			\$8.75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	· + · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip			Coun	lry	8. This corporation owes or has paid the current year Intangible	
24	25 29 3 9, Name and Address of Current Registered Agent		30	Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
A4A		in negletelen Agent		11 Name	10. Name and Address of New Registere	a Agent
	let, dennis 8 grove st.					
	STIS FL 32726		8	Street Add	dress (P.O. Box Number is Not Acceptable)	
20	5119 FL 32720		8	3	· · · · · · · · · · · · · · · · · · ·	
			8	City	F	85 Zip Code
11. Pursuant t	to the provisions of Sections 607.05	02 and 607.1508, Florida S	tatutes, the abo	ve-named cor	poration cultimite this ptotoment for the purpose	of phagaina ita sagistasa d
office or ri	egistered agent, or both, in the State m familiar with, and accept the obliq	e of Florida. Such channe v	vas authorizedi.	hy tha carpars	ation's board of directors. I hereby accept the ap	opointment as registered
SIGNATURE	The state of the s	J. 1000 11 000001 007.0000	s, i londa olaloi	.05.		
SIGNATURE	Signature, typed or pointed name of registered ag	ent and life of applicable	(NOTE Registered A	igent signature requ	pired when reinstating) DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	D	☐ DELETÉ	1.1 TITLE			☐ Change ☐ Addition
NAME	MALET, DENINIS		1.2 NAM	E].
STREET ADDRESS	28 SO. GROVE ST.		1.3 STRE	FT ADDRESS		
CITY-ST-ZIP	EUSTIS FL		1.4 CITY			
TITLE		☐ DELETE				Change Addition
NAME			2.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP TITLE		DELETE		-SI-ZIP		[] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
NAME			1	i		Change Addition
STREET ADDRESS			3.2 NAM			
CITY-ST-ZIP				FT ADDRESS		
TITLE		DELETE	3.4. CITY 4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM			C Change C Notified
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			/
TITLE		DELETE				Change Addition
NAME			5.2 NAMI		1	1-12
STREET ADDRESS				ET ADDRESS	\	クンイクハー
CITY-ST-ZIP			5.4 City	- 1	10	1794
TITLE		DELETE	61 TITLE			Change Addition
NAME			62 NAME	:	0000025385	
STREET ADDRESS			63 STRE	FT ADDRESS	-05/28/98010210)38 T
0/E 70 VEIO					ana (E6 66	

14. I hereby certify that the information supplied with this filing cloes not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this annual report or supplied entered 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 of an attachment with an address.

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