

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V11267 (4)

1. Corporation Name

LEONARDO UPHOLSTERY, INC.

Principal Place of Business

4150 OAK CIRCLE
BOCA RATON FL 33431

Mailing Address

4150 OAK CIRCLE
BOCA RATON FL 33431



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

LEONARDO, EDWARD
4150 OAK CIRCLE
BOCA RATON FL 33431

3. Date Incorporated or Qualified

02/03/1992

3a. Date of Last Report

01/30/1995

4. FEI Number

65-0304668

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

P
LEONARDO, EDWARD
4150 OAK CIRCLE
BOCA RATON FL

☐ DELETE

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS 14 CITY-STATE-ZIP

2.1 TITLE 22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS 24 CITY-STATE-ZIP

3.1 TITLE 32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS 34 CITY-STATE-ZIP

4.1 TITLE 42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS 44 CITY-STATE-ZIP

5.1 TITLE 52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS 54 CITY-STATE-ZIP

6.1 TITLE 62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS 64 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

407-395-1938

CR2E034 (12/95)