**PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000065143

EURO PINE FURNITURE GALLERIES, INC.

## May 07, 1999 8:00 am Secretary of State

05-07-1999 90172 050 \*\*\*150.00



Principal Place of Business		Mailing Address											
20058 RALSTON STREET		20058 RALSTON STREET				)							
ORLANDO FL 3	2833	OKCANDO EL 32	ORLANDO FL 32833					DO NOT WRITE IN THIS SPACE					
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{							- (	07/23/1998					]
2. Principal Pl	lace of Business	2a. Mailing Addr	ress					4 FEI Number :	15.3		Ar	plied For	1
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Suite, Apt. #, etc.		Suite, Apt. #, etc.					_ [	5. Certificate of Status	Desired [	<b>-</b>	\$8.75		(
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City & State			City & State					6. Election Campaign		J	\$5,00 Added:		L
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Zip	Country	Zip 29	ſ	30	nın y			<ol> <li>This corporation ow Personal Property 1</li> </ol>			∏ Yes	□No	l
24	9. Name and Address of Cul			301	_			10. Name and Address		istered A	gent		
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NOP	LIS. JIMMIE D							40.0 0. 11 -11-1	1 A 1-b1				ł
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SIGNATURE	Signature, typed or privide name of registered OFFICERS  ONOPLIS, JIMME D	regeni and title if applicable.  AND DIRECTORS	(NOTE	13.	Agent TLE	t algradure re		rhen reinstating)		DATE	DORECTO	RS IN 12	034 (11/98)
SIGNATURE  12.	Signature, typed or printed name of registered OFFICERS	regeni and title if applicable.  AND DIRECTORS	(NOTE	13.	Agent TLE	•		rhen reinstating)		DATE	DORECTO	RS IN 12	2E034 (11/98)
SIGNATURE  12.  TITLE  NAME	Signature, typed or privide name of registered OFFICERS  ONOPLIS, JIMME D	regerous of, Section 607.	(NOTE)	13. 1.1 TII 1.2 N/ 1.3 ST 1.4 Cr	Agent TLE AME TY-ST-	ADDRESS		rhen reinstating)		DATE	O DIRECTO	RS IN 12	CR2E034 (11/98)
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14. I hereby certify that the information supplied with this filling 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 eath; 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.

SIGNATURE: