YFIL!	E NOW: FILING FE	E AFTER MAY 1	IS \$225.00		
COF ANNU	PROFIT PPORATION JAL REPORT	FLORIDA DEP. Sandra	ARTMENT OF STATE a B Mortham tary of State		
	1996	DIVISION OF	CORPORATIONS		
	MENT # 1948	00 (9)			
Corporation DAL M	n Name 1 Furniture Company (OF DALATEA			
Incir	TOTALIONE COMINANT	OI IALATRA		# 3 88 481 #2848 1844 - 1 044 - 1 044 - 1	INN BAN BIBN BIBN BIBN BIBN BIBN BIBN BI
Principal Place		Mailing Address			
6525 BEACH BLVD. 6525 BEACH BLVD. JACKSONVILLE FL 32216 JACKSONVILLE FL 32216			32216		
US US				3. Date Incorporated or Qualified	3a. Date of Last Report
	· · · · · · · · · · · · · · · · · · ·			08/01/1956	08/03/1995
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 59-0774888	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	<u> </u>	27 City & State		6. Election Campaign Financing	Fea Hequired
23	,	28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ	Country	Zip	Country	8. This corporation has liability for i	
24	9. Name and Address of Curre	29 ent Registered Agent	30	Florida Statutes Yes 10. Name and Address of New R	□ No legistered Agent
			81 Name		
	ELL, MINNIE A		82 Street A	address (P.O. Box Number is Not Acceptab	olė)
	Beach Blvd. Sonville fl 32216		83		
			84 City		85 Zip Code
			1-1		FL T
or register	ed agent, or both, in the State of Flo	rida. Such change was authoriz	red by the corporation's t	rporation submits this statement for the pur poard of directors. I hereby accept the appo	pose of changing its registered office ointment as registered agent. I am
SIGNATURE	th, and accept the obligations of, Sec	ction 607.0305, Franca Statutes	s.		
12.	Signature, typed or printed name of registered age		OTE: Registered Agent signature re		DATE
TIFLE	SD OFFICERS AI	ND DIRECTORS XX DELETE	13.	ADDITIONS/CHANGES TO OFF	
NAME	PONSELL, SOPHIA S.		1.2 NAME	6525 BEACH BLVD.	PPOD X
STREET ADDRESS	6525 BEACH BLVD. JACKSONVILLE FL		1.3 STREET ADDRESS	JACKSONVILLE, FL	20016
CITY-ST-ZIP TITLE	D D	X DELETE	1.4 CITY-ST-ZIP 2. 1 TITLE		32216
NAME	RICE, FREDERICK L.	A-A-	2.2 NAME	D DANKA DOLONO	Change
STREET ADDRESS	108 KING STREET		2.3 STREET ADDRESS	TANYA BRASWELL 6525 BEACH BLVD.	
CITY - ST - ZIP	ST. AUGUSTINE FL		2 4 CITY - ST - ZIP	JACKSONVILLE, FL	32216
TITLE NAME		☐ DELETE	3 1 TITLE 32 NAME	, ·	Change Addition
STREET ADDRESS			33. STREET ADDRESS		
C(TY - S1 - ZIP		B0-01-W-774B-01	3.4 CHTY - ST - ZIP		
TITLE		DELETE	4 1 TITLE	•	Change Addition
NAME STOREL ADDRESS			4.2 NAME		
STREET ADDRESS CITY+ST+ZIP			4 3 STREET ADDRESS 4 4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		☐ Change ☐ Addition

CITY-ST-ZIP 6.4 CITY - ST - 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.

52 NAME

6 1 TITLE

6.2 NAME

5 3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

21

22

23

24

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: Minnie a Ponsell

DELETE

4/26/96 904-725-7588

Change

____ Addit-on

CR2E034 (12/95)