

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0007200

PROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

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98 JUL 27 PM 14:35

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 332910 (9)

1. Corporation Name
 STEMBRIDGE FURNITURE, INC.



Principal Place of Business Mailing Address
 545 N E 125 ST 545 N E 125 ST
 MIAMI FL 33161 MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
 07/25/1968

2. Principal Place of Business 2a. Mailing Address
 21 SAME AS ABOVE 26 SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

4. FEI Number Applied For
 59-1218862 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 STEMBRIDGE, JOHN M.
 545 N W 125TH STREET
 NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent
 81 Name N/A
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 800002601730-6
 -07/23/98--01064--014
 84 City ***150.00 ***150.00

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEMBRIDGE, JOHN M	1.2 NAME
STREET ADDRESS	545 N E 125TH ST	1.3 STREET ADDRESS
CITY-ST-ZIP	NO MIAMI, FL 00000	1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I 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 applicable, or on an attachment with an address.

SIGNATURE: *John M. Stembridge*

7/07/98 305-893-0800

CR2E034 (5/98)



SUCCESSFULLY FURNISHING SOUTH
FLORIDA HOMES OVER FORTY YEARS

Florida Department of State
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500
ATT: Mr Shawn Logan

July 10, 1998

Dear Mr Shawn Logan,

Thank you for your advise on reducing
filing fee of 2nd Notice to \$150.00 due to the
fact that I have not received the first one.

This is to confirm our telephon conversation
made on 7/7/98 in this respect.

I am enclosing check # 32197 in the
amount of \$150.00 for the 1998 filing fee and
thank you.

Sincerely yours
Manny K Seraji
MANNY K SERAJI
BOOKKEEPER