

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 403297**

1. Corporation Name

**FLORIDA HOME FURNISHINGS ROSTER, INC.**

Principal Place of Business

**1135 PASADENA AVENUE, SOUTH  
SUITE 239  
ST. PETERSBURG FL. 33707**

Mailing Address

**1135 PASADENA AVENUE, SOUTH  
SUITE 239  
ST. PETERSBURG FL. 33707**

**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90042 026 \*\*\*150.00



DO NOT WRITE IN THESE SPACES

3. Date Incorporated or Qualified

**06/16/1972**

4. FEI Number

**59-1456407**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**WAX, BARRY  
51 DOLPHIN DR  
TREASURE ISLAND FL 33706**

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 ☐ DELETE  
NAME **P**  
STREET ADDRESS **CLEVELAND, CRAIG C**  
CITY-ST-ZIP **421 MAPLE BLUFF CIR.  
MELBOURNE FL 32940-1835**

TITLE ☐ DELETE  
NAME **VPD**  
STREET ADDRESS **TAMNEY, VONICA**  
CITY-ST-ZIP **P.O. BOX 12 N/A  
LAND O LAKES FL 34639**

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **DREZNIN, NEAL**  
CITY-ST-ZIP **841 FAULKWOOD CT  
SARASOTA FL**

TITLE ☒ DELETE  
NAME **D**  
STREET ADDRESS **BURNSTINE, ALLAN**  
CITY-ST-ZIP **152 BRIDGEVIEW COURT  
LONGWOOD FL**

TITLE ☐ DELETE  
NAME **STD**  
STREET ADDRESS **WAX, BARRY**  
CITY-ST-ZIP **51 DOLPHIN DRIVE  
TREASURE ISLAND FL**

TITLE ☐ DELETE  
NAME **C**  
STREET ADDRESS **EDMONDS, ROYAL**  
CITY-ST-ZIP **9202 GRAND BLANC  
SEMINOLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VPD** ☐ Change ☒ Addition  
1.2 NAME **ESSE ASKER**  
1.3 STREET ADDRESS **139 TIMBER LANE**  
1.4 CITY-ST-ZIP **JUPITER, FL 33458**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **Barry Wax** **BARRY WAX, SECRETARY/TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-6-99**

**(413) 351-6461**