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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 434067 1. Corporation Name

SUNCOAST FURNITURE, INC

Principal Place	of Business	Mailing Address				(1)) (96) 9 (0)(9()		
		P.O. BOX 1715				•		•
820 S. US HWY. 19 P.O. BOX 1715 CRYSTAL RIVER FL 34429 CRYSTAL RIVER FL 34423-1715			715		DO NOT WRI	TE IN THIS S	SPACE	•
					3. Date Incorporated or Qualifed			
					08/30/1973			
					4. FEI Number	<u> </u>	App	lied For
Principal Place of Business 2a. Mailing Address					59-1501705			Applicable
21		26					\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		Fee Rec	
22		City & State			6. Election Campaign Financing		\$5.00	May Be
City & State	e	— ·			Trust Fund Contribution		Added to	
23	Country	28 Zip	Count	· · · · · · · · · · · · · · · · · · ·	8. This corporation owes the curr	rent year Inta	ingible	
Zip .	_ `	\ ·	30	•	Personal Property Tax.	•	Yes	□No
24	9. Name and Address of Curre	20	30		10. Name and Address of New	Registered A	Agent	
	9. Name and Address of Curre	ill Registered Agent	8	1 Name]
TITU	IS, CLAIRE A		_		(D.O. Bay Number is Not Accept	able)		
SUP 4 NE THIRD ST.			8	2 Street Addi	ress (P.O. Box Number is Not Accept	autoria.	فالمراويين للمراوية	العرق فودج دومه
CRYSTAL RIVER FL 34429			8	3		S. (6.19)	31300	
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			8	4 City		FL	.85 Zip C	,oue
office or r agent. I a	egistered agent, or both, in the Statem familiar with, and accept the oblig	e of Florida. Such change was a pations of, Section 607.0505, Floridations	uthorized b rida Statut	y the corporati es.	poration submits this statement for the on's board of directors. I hereby acce	ept the appoir	ntment as reg	jistered
SIGNATURE		sent and title if applicable (NOTE	Registered A	ent signature require	ed when reinstating)	DATE		
	Signature, typed or printed name of registered as	on and the same	Registered A	ent signature require	ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
12. ·	OFFICERS A	pent and title if applicable. (NOTE ND DIRECTORS DELETE		· · · · ·	ADDITIONS/CHANGES TO O		D DIRECTO	RS IN 12
12. TITLE	OFFICERS A	ND DIRECTORS	13.		ad when reinstating) ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
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SIGNATURE:

TITLE

NAME

CITY-ST-ZIP

DELETE

6.1 TITLE

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.

FILED

Feb 11, 1999 8:00am

Secretary of State

02-11-1999 90030 023 ***150.00