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

PROFIT CORPORATION ANNUAL REPORT

1998

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

City & State

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22

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24

Ζip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 448666

(8)

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

BEACH & PATIO FURNITURE REFINISHING, INC.

Country

9. Name and Address of Current Registered Agent

25

SWEET, RAYMOND 1050 CEDAR CREEK WAY

Principal Place of Business Mailing Address
921 MW 8TH AVE 921 MW 8TH AVE
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311

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FILED Jan 29 1998 8:00am Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8. This corporation owes or has paid the current year Intangible

05/13/1974

59-2542880

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Trust Fund Contribution

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

DAVIE FL 33325		[]	ĺ	ACCEL TOURCES (1.10. DOX (TOURS) IS THE FROM TOURS)				ļ
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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.	JI K O	ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTOR	3 IN 12	- - į
TITLE	PD DELETE	1.1 TITLE			Ct		Additi	on 3
NAME	SWEET, RAYMOND	1.2 NAME						
STREET ADDRESS	1050 CEDAR CREEK WAY	1.3 STREET		DRESS				15
CITY - ST - ZIP	DAVIE FL	1.4 CITY-S						
TITLE	D DELETE	2,1 TITLE			Ci	ange	Additi	on [
NAME	SWEET, RAYMOND I	2.2 NAME						
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NAME	SWEET, KAREN	3.2 NAME						
STREET ADDRESS	1050 CEDAR CREEK WAY	3.3 STREET	ADO	iress (Į
CITY - ST - ZIP	DAVIE FL	3.4. CITY-ST		IP]
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NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET	ADD	RESS				-
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NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET AD		ress				
CITY-ST-ZIP		6.4 City - S			-15 1		,	_
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.								

Country

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