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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

1. Corporation Name THE FURNITURE FACTO							
Principal Place of Business	Mailing Add	ess			 	IMEL MINEE WHEEL MINES DI	
4501 N. FEDERAL HIGHWAY BOCA RATON FL 33431	150 E. BOCA BOCA RATOR	raton road I FL 33432			DO NOT WRITE IN T	THIS SPACE	
US				2 Date Inc	orporated or Qualifed	THO OF FIGE	
	*			09/03/			
2. Principal Place of Business	2a. Mailing /	Address	,	4. FEI Num		Apr	olied For
21	26			59-162	l .	<u> </u>	Applicable
Suite, Apt. #, etc.	Suite, Ap	ot. #, etc.		*****		\$8.75 A	dditional
22	27			5. Certifcat	e of Status Desired	Fee Re	quired
City & State	City & S	tate		6. Election	Campaign Financing	\$5.00	May Be
23	28			Trust Fu	nd Contribution	Added to	Fees
Zip Cour		-	Country	8, This cor	oration owes the current year	r Intangible	
24 25	29	30	ī		Property Tax.		□No
	lress of Current Registered Age	ent		10. Name a	nd Address of New Registe	red Agent	
	<u>**</u>		81 Name	Steven B.	Brown •		_
SIDER, DONALD C., ESQ.			82 Street A	ddress (P.O. Box	amber it NOX (Acceptable)	- BROWNS	-0:00
150 E. BOCA RATON ROAD				Brown's -Fu	mile in Conceptable)	$n \rightarrow x^{N}$	CICH
BOCA RATON FL 33432			83	4501 N Fa	deral Highway		310-77
			84 City	4501 N. TC		85 Zip C	ode
				Boca Raton		FL 334	31
SIGNATI	ections 607.0502 and 607.1508, ith, in the State of Florida Such occept the obligations of Soction 6		the above-named of corized by the corpor a Statutes. PRESIDO gistered Agent signature records.	QUITED when reinstating)	DATI	1-18-	<u> </u>
12.	OFFICERS AND DIRECTORS		13.	ADDITIO	NS/CHANGES TO OFFICERS		
TITLE PD] DELETE	1.1 TITLE			☐ Change	Addition
NAME BROWN, STEVEN	18		1.2 NAME		•		•
STREET ADDRESS 5802 NW 34 WAY	1		1.3 STREET ADDRESS	•	, ,		
CITY-ST-ZIP BOCA RATON, FL	-00000 3.349c		1.4 CITY-ST-ZIP	33496			
TITLE VD		DELETE	2.1 TITLE			☐ Change	Addition
NAME BROWN, MURRAY	Y R.		2.2 NAME	я .			
STREET ADDRESS 1628 U.S. HIGHW			2.3 STREET ADDRESS				
CITY-ST-ZIP JUPITER, TEQUES			2.4 CITY-ST-ZIP				De Autobie
TITLE V		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME NADLER, PAMELA			3.2 NAME 3.3 STREET ADDRESS				٥
CITY-ST-ZIP BOCA RATON FL	·		3.4. CITY-ST-ZIP			☐ Change	
TITLE V	l	DELETE	4.1 TITLE		•	[Criange	
NAME ROSS, ROSANN	_		4. 2 NAME				
STREET ADDRESS 5049 NW 103 AV			4.3 STREET ADDRESS				
CITY-ST-ZIP CORAL SPRINGS		T DC: ETF	4.4 CITY-ST-ZIP		 	• ☐ Change	Addition
TITLE S		DELETE	5.1 TITLE			L Change	- I radiaon
NAME BROWN, DANA S			5.2 NAME			•	
STREET ADDRESS 5802 NW 21ST A			5.3 STREET ADDRESS	33491			
CITY-ST-ZIP BOCA RATON FL		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	2377	<u>-</u>	Change	Addition
TITLE T	l	") NETE IF	6.2 NAME			C Onlarige	[2] + 100100(t
NAME SABATH, ALLEN	. a=		6.3 STREET ADDRESS		·		
STREET ADDRESS 2326 NW 21ST A	VE		0.3 STACET ADDICESS		1		

3349 C **BOCA RATON FL** 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 suppliemental 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 man attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATI! OFFICER OR DIRECTOR