PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 492250

1. Corporation Name

VERO FURNITURE MART, INC.

FILED Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90010 001 ***150.00



Principal Place	of Business	Mailing Address			
1450 21ST ST.		1450 21 ST ST.			
VERO BEACH F	°L 32960-3457	VERO BEACH FL 32960-3457			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
		A A A A A A A A A A A A A A A A A A A			12/09/1975 4. FEI Number Applied For
_2. Principal Pl ───	ace of Business	2a. Mailing Address			\ `` \ <u>-\-\-'</u>
21		26			59-1635770 Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired \$8.75 Additional Fee Required
22	· · · · · · · · · · · · · · · · · · ·	27			
City & State	•	⊢n ′	City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
23		Zip Country			
-⊣ Zìp	Country	Zip	_	у	8. This corporation owes the current year Intangible Personal Property Tax.
24	[25]	29 3	0		Personal Property Tax. Larges Land
	9. Name and Address of Currer	it Registered Agent	- 8	1 Name	
1 414	INC. MAY C		{°	Name	
	ING, MAX C.		8:	2 Street	et Address (P.O. Box Number is Not Acceptable)
	21ST ST.				
VER	O BEACH FL 32960		8	3	
			8	4 City	85 Zip Code
				1	F <u>L </u>
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abo	ve-name	ed corporation submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut stions of, Section 607.0505, Florid	nonzed b la Statute	y tne com s.	orporation's board of directors. I hereby accept the appointment as registered
•					
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R	egistered Ag	ent signature	are required when reinstating) DATE
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAWING, MAX C.		1.2 NAME		
STREET ADDRESS	1450 21ST ST.		1.3 STRE	ET ADDRESS	SS
CITY-ST-ZIP	VERO BEACH FL		1.4 C/TY-	ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition
NAME	LAWING, GEORGEANNA		2.2 NAME		
	1450 21ST ST.		i i	Et address	22:
STREET ADDRESS			2. 4 CITY		~
CITY-ST-ZIP	VERO BEACH FL V	☐ DELETÉ	3.1 TILE		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME	LAWING, DANIEL				
STREET ADDRESS	1450 21ST ST.			ET ADDRESS	30
CITY-ST-ZIP	VERO BEACH FL	Cl occurr	3.4. CITY		☐ Change ☐ Addition
TITLE	P	☐ DELETE	4.1 TITLE		C Change C Addition
NAME	LAWING, JR., MAX C.		4. 2 NAM		
STREET ADDRESS	1450 21ST ST.		4.3 STRE	ET ADDRESS	SS
CITY-ST-ZIP	VERO BEACH FL		4.4 CITY-	ST-ZIP	
πιε	S	☐ DELETE	5.1 TT/LE		☐ Change ☐ Addition
NAME	LAWING, MARGHERITA		5.2 NAME		
STREET ADDRESS	1450 21ST ST		5.3 STRE	ET ADDRESS	ss
CITY-ST-ZIP	VERO BEACH FL		5.4 CITY-		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME (6.2 NAME	į	
STREET ADDRESS			6.3 STRE	ET ADDRESS	ess
CITY ST 700	Level 4 to a constant		6.4 C/TY-	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: