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

FILED Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90014 015 ***150.00

r, Corporation	MENT # 528869 IPORARY FURNITURE OUTL	et of Hollywood,	INC.				
Principal Place of Business Mailing Address					T (Bålið) diften itaða raján tafin aftra fark eileir	HIBST BIRT BIRT BI	fir 81811 1981
4701 N UNIVERSITY DR 4701 N UNIVERSITY DR							
LAUDERHILL FL 33351 LAUDERHILL FL 33351							
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 03/11/1977	,	l
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	i An	plied For
21 26					59-1727688	<u> </u>	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			<u>-</u>			\$8.75 A	
27					5. Certifcate of Status Desired	Fee Red	quired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
28					Trust Fund Contribution	Added to	Fees
Zip			Count	ry	8. This corporation owes the current year Intangible Personal Property Tax		
24	25	29	30		Personal Property Tax.		LINO
	9. Name and Address of Current	Registered Agent	- 8	1 Name	10. Name and Address of New Registered	Agent	
coo	OZZELLI, FRED		l°	Name	<u> </u>		
406 NORTH 56TH AVE.			8:	2 Street Ac	dress (P.O. Box Number is Not Acceptable)		
HOLLYWOOD FL 33009			8	3			
11000110001100000			ľ	٦			
			8-	4 City	FL	85 Zip C	ode
44 Durauant	to the provisions of Sections 607.0502	and 607 1508. Florida Statut	es the abo	ve-named co	exporation submits this statement for the purpose of	changing its	registered
office or r	egistered agent, or both, in the State o	if Florida. Such change was a	uthorized b	y the corpora	ation's board of directors. I hereby accept the appo	intment as reg	jistered
agent. I a	m familiar with, and accept the obligati	ons of, Section 607.0505, Fig	nda Statute	15.	•		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Ag	ent signature requ	uired when reinstating) DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PD DELETE		1.1 TITLE			☐ Change	☐ Addition
NAME	COCOZZELLI, FRED		1.2 NAME				Í
STREET ADDRESS	406 NORTH 56TH AVENUE		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 000000		1.4 CITY-	ST-ZIP	·		
TITLE			2.1 TITLE			☐ Change	Addition
NAME	COCOZZELLI, SANDRA		2.2 NAME	:			
STREET ADDRESS	406 NORTH 56TH AVENUE		2.3 STRE	ET ADDRESS	م سد ید .		}
CITY-ST-ZIP			2.4 CITY			Channa	- Addition
TITLE			3.1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME	l l			ļ
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP		DELETE	3.4. CITY		<u> </u>	[**] Change	Addition
TITLE	•		4.1 IIILE 4. 2 NAM				
NAME			1	ET ADORESS			
STREET ADDRESS							1
CITY-ST-ZIP TITLE			4.4 CITY-			☐ Change	☐ Addition
NAME			5.2 NAME	1		,	1
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	.		☐ Change	Addition
NAME			6.2 NAME			•	}
STREET ADDRESS			6.3 STRE	ET ADDRESS			İ
Tinee, ribbi (E00		-	640774	OT 710			Į

14. I hereby certify that the information supplied with this fling 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 of supplemental application of the corporation or the receiver of justee 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 afficiency with an address, with all other like empowered.

SIGNATURE:

Date