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FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90018 021 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

543081

1. Corporation Name

HOME FASHION CENTER INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
8/18/77

2. Principal Place of Business

21 180 S YONGE ST

Suite, Apt. #, etc.

22 City & State

23 ORMOND BCH FL 32174

Zip

Country

24 32174

25 USA

2a. Mailing Address

26 1339 BEVILLE RD

Suite, Apt. #, etc.

27 City & State

28 DAYTONA BCH FL

Zip

Country

29 32119

30 USA

4. FEI Number

59-1764664

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Filing

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

8. Name and Address of Current Registered Agent

BEATRICE FLEISCHER
c/o ADAIR BUSINESS SERVICES INC
1339 BEVILLE RD
DAYTONA BCH FL 32119

81 Name

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

83

84 City

FL

85 Zip Code

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 fee if applicable

(NOTE: Registered Agent signature required when removing)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PRESIDENT

STEVEN L STRASSMAN

180 S YONGE ST

ORMOND BCH FL 32174

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SECRETARY/TREASURER

BEATRICE FLEISCHER

180 S YONGE ST, ORMOND Bch FL 32174

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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☐ Addition

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 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 Block 12 or Block 13 if changed, in an attachment with an address, with all other like empowered

904-788-0311

SIGNATURE

BEATRICE FLEISCHER

SECRETARY TREAS 4/29/99