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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 585566

SAM HORNE FURNITURE, INCORPORATED

Principal Place of Business	

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90030 016 ***150.00

	THE POINT OF THE PROPERTY OF T			•					
Principal Place	e of Business	Mailing Address		-			LITE AITE DIREL MINIT GINIF AL		
	IARBOR CITY BLVD	2405 SOUTH HARBOR CI MELBOURNE FL 32901	ITY BLVD						
MELBOURNE FI	. 32901	MELDOUNNE FL 32301				DO NOT WRI	TE IN THIS SPACE		
						3. Date Incorporated or Qualifed 08/31/1978			ı
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	. [Applied For	1 .
21		26				59-1845283		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired	1 1	5 Additional Required	ı
City & State		27				6. Election Campaign Financing		0 May Be	-=-
23		28				Trust Fund Contribution		ed to Fees	ŀ
Zip	Country	Zip	Cou	intry		8. This corporation owes the curr	ent year Intangible		ı
24	25	29	30			Personal Property Tax.	⊠Yes	□No	
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	Registered Agent		1
		**		81 Nar	ne				
S/C 2405	RNE, SAM F 5 S HARBOR CITY BLVD			82 Stre	et Addres	ss (P.O. Box Number is Not Accepta	able)		
	BOURNE FL 32901			83		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- 17 18 18 18 18 18 18 18	120130249	
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				84 City	•		EI 85 Z	ip Code	
				1 1					
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida State	utes, the a	bove-nam	ed corpor	ration submits this statement for the	purpose of changing	its registered	
office or r	registered agent, or both, in the Sta	te of Florida. Such change was	authorized	d by the c	ed corpor orporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of changing pt the appointment as	its registered registered	
office or n	to the provisions of Sections 607.0 registered agent, or both, in the Starm familiar with, and accept the obli	te of Florida. Such change was	authorized	d by the c	ed corpor orporation	ration submits this statement for the i's board of directors. I hereby accep	purpose of changing pt the appointment as	its registered registered	
office or reagent. I a	registered agent, or both, in the Sta	te of Florida. Such change was gations of, Section 607.0505, Fl	authorized Iorida Stat	d by the ci	orporation	n's board of directors. I hereby acce	pt the appointment as	registered	í
office or reagent. I a	registered agent, or both, in the Statum familiar with, and accept the obli- Signature, typed or printed name of registered a	te of Florida, Such change was gations of, Section 607.0505, Florent and title if applicable. (NOT AND DIRECTORS	authorized lorida Stat TE: Registered	d by the ci tutes.	orporation	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AND DIREC	TORS IN 12	4,00)
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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 an attachment with an address, with all other like empowered.

SIGNATURE: