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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

592336

(2)

I MAIL	CUSTOM FURNITURE CO	RP. (2)		 	DIN BIGH GUND GUND GUND GUND GUND GUND
Principal Place	e of Business	Mailing Address			
2025 TAFT ST. HOLLYWOOD FL 33020		2025 TAFT ST. HOLLYWOOD FL 33020			
A Discussion				11/03/1978	Pa. Date of Last Report 04/28/1995
21 Principal Pi	lace of Business	2a. Mailing Address 26		4. FEI Number 59-1861583	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State	e	City & State			Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intar	
24	25 9. Name and Address of Curre	nt Registered Agent	30	Florida Statutes Yes]No
		in registered Agent	B1 Name	10. Name and Address of New Regis	stered Agent
TERKI	el, Joseph		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	NE 19 CT.			less (
MIAMI	FL 33179		83		
			84 City		FL 85 Zip Code
SIGNATURE N	to the provisions of Sections 607,050; ed agent, or both, in the State of Fig. th, and actent the obligations of Sic	tion 607/0505 Florida Statutos	co by the corporation's boat	TO or offectors. I hereby accept the appointing	nent as registered agent I am
	Signatury typed or printed harne of registered agen		OTE: Rigistered Agent signature require	d when reinstaring): 4/2	7/196
12.		t and title if a place ie. [NC] D DIRECTORS DELETE	OTE: Rog stered Agent signature required 13.	4/2	ZIE SAND DIRECTORS IN 12
12.	PD TERKIEL, JOSEPH	ID DIRECTORS	OTE: Rigistered Agent signature require	d when reinstaring): 4/2	7/196
12. THEF NAME STREET ADDRESS	PD TERKIEL, JOSEPH 21414 NE 19TH CT.	ID DIRECTORS	TE Registered Agent signature required 13. 1.1 TITLE	d when reinstaring): 4/2	ZIE SAND DIRECTORS IN 12
12. THEE NAME STREET ADDRESS CITY ST-7IP	OFFICERS AN PD TERKIEL, JOSEPH 21414 NE 19TH CT. N. MIAMI BEACH FL	ID DIRECTORS	13. 1.1 TiTLE 1.2 NAME 1.3 STREET ADDRESS 1.4 City - SI - Zip	d when reinstaring): 4/2	S AND DIRECTORS IN 12 Change Addition
12. THEF NAME STREET ADDRESS	OFFICERS AN PD TERKIEL, JOSEPH 21414 NE 19TH CT. N. MIAMI BEACH FL D	ID DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	d when reinstaring): 4/2	ZIE SAND DIRECTORS IN 12
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oath; that I am an officer or director of this arindar 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 justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 18 if changed, or on an attachment with an address.

SIGNATURE: /

STATEPH TERLIEL ANS.

CR2E034 (12/95)