FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Feb 05 1998 8:00am Secretary of State

DOCUMENT # F12961 (1) CURTIS BROS. FURNITURE, INC.					
Principal Plac	e of Business	Mailing Address			
2088 12TH STREET 2088 12TH STREET					
SARASOTA FL 34237-2702 SARASOTA FL 34237-270)2	DO NOT WRITE IN TH	IC CDACE	
				3. Date Incorporated or Qualified	IS SPACE
				12/29/1980	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For	
21 26		26		59-2055628	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 27				a. Confidence of States Session	Fee Required
		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	28	Country		Added to Fees
24	25	29	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	current year intangible
•*	9. Name and Address of Curre		1901	10. Name and Address of New Registers	
SO	OBR, FREDERICK		81 Name		
	88 12TH STREET		62 Street Add	dress (P.O. Box Number is Not Acceptable)	
SARAŜOTA, FL					
33	577		63		
			84 City		85 Zip Code
44 Durauant	to the provisions of Continue COZ OF	02 and 607 1509 Florida Ctatut	as the should period cou	reprolies a shorte this statement for the auropa	
office or a	registered agent, or both, in the State	e of Florida. Such change was a	authorized by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	ppointment as registered
•	am familiar with, and accept the oblig	gations of, Section 607.0505, Fig	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable (NOTI	E: Registered Agent signature requ	pired when reinstating) DAT(
12,		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PT	☐ DELETE	1.1 TITLE		Change Addition
NAME	SOBR, MICHAEL J		1.2 NAME		
STREET ADDRESS	1088 - 12TH ST. SARASOTA, FL 00000		1.3 STREE1 ADDRESS		
CITY-ST-ZIP TITLE	D	DELETE	1.4 CITY-ST-ZIP		Change Addition
NAME	SOBR, KATHLEEN		2.2 NAME		
STREET ADORESS	2088 - 12TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		2 4 CITY-ST-ZIP		
TITLE	Ď	DELETE	3.1 TITLE		Change Addition
NAME	SOBR, FRED		3.2 NAME		
STREET ADDRESS	2088 12TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP		District District
TITLE			4.1 TITLE		Change Addition
NAME DIDICE ADDOCCO		☐ DELĒTE			D onesign
STREET ADDRESS		∟ DELETE	4. 2 NAME		
CITY . CT . 21D		∐ DELETE	4. 2 NAME 4.3 STREET ADDRESS		in ordinary
CITY-ST-ZIP TITLE		☐ DELETE	4. 2 NAME		Change Addition
	<u> </u>	_	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TOTLE		_	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
TITLE NAME		☐ DELETÉ	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE NAME STREET ADDRESS		_	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ DELETÉ	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		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETÉ	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		Change Addition

4. 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 trusted 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.

.....

MICHAEL TAMOS 516

1-18-92

941-366-9766