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

03-17-1999 90002 050 ***300.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F93000001775

1. Corporation Name

KRAUSE'S CUSTOM CRAFTED FURNITURE CORP.

Principal Place of Business

**200 NORTH BERRY STREET
BREA CA 92621**

Mailing Address

**200 NORTH BERRY STREET
BREA CA 92621**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1993

4. FEI Number

95-2872799

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 Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWLEY, PHILIP M	
STREET ADDRESS	200 NORTH BERRY STREET	
CITY-ST-ZIP	BREA CA	
TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	BURTON, ROBERT A	
STREET ADDRESS	200 NORTH BERRY ST	
CITY-ST-ZIP	BRAN CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TABAR, KLAUS	
STREET ADDRESS	200 N. BERRY STREET	
CITY-ST-ZIP	BREA CA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCTAGGART, JIM	
STREET ADDRESS	200 N. BERRY ST	
CITY-ST-ZIP	BREA CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HARRINGTON, CHARLIE	
STREET ADDRESS	200 NORTH BERRY ST	
CITY-ST-ZIP	BREA CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LASKER, JUDITH	
STREET ADDRESS	200 N. BERRY ST	
CITY-ST-ZIP	BREA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Judith O. Lasker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judith O. Lasker
Date

714-990-3100
Daytime Phone #

CR2E034 (11/98)