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

PROFIT CORPORATION **ANNUAL REPORT**

1997

THE PERSON NAMED IN



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005460 (0)

FLORIDA WEST COAST FURNITURE, INC.

FILED May 01 1997 8:00am Secretary of State



Principal Plac 7430 SOUTH T SARASOTA FL	Mailing Address 7430 SOUTH TAMIAMI TR SARASOTA FL 34231-700	DUTH TAMIAMI TRAIL				
					3. Date Incorporated or Qualified 10/20/1994	3a. Date of Last Report 03/21/1996
2. Principal P	Place of Business	2a, Mailing Address 26			4. FEI Number 72-1083912	Applied For Not Applicable
			Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	7(p)	Countr	у	8. This corporation has liability for	
	9. Name and Address of Currer		13-1		10. Name and Address of New Re	
. WAI	NWRIGHT, RICHARD		81	Name		
- 7430 SOUTH TAMIAMI TRAIL			82	Street Add	et Address (P.O. Box Number is Not Acceptable)	
SAR	IASOTA FL 34231					
			83	1		·
			84	City		FL 85 Zip Code
SIGNATURE	Signature, typed or printed name of registered age	ent and use if applicable (NC	TE Flegislered Aç		poration submits this statement for the patient's board of directors. I hereby acception to the patient when relistating;	DATE
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE NAME	WAINWRIGHT, RICHARD	☐ DELETE	1.1 TO LE 1.2 NAME			Change Addition
STREET ADDRESS	7430 SO. TAMIAMI TRAIL		,	1 ADDRESS		
CITY-ST-ZIP	SARASOTA FL 34231		1.4 CITY-	Y		
TITLE	S	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	FOSS, ROBERT E		2.2 NAME			
STREET ADDRESS	35 MAGNOLIA DR.		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MONROE LA 71203	DELETE	2 4 CHY-	ST-ZIP		Change Addition
TITLE NAME			31 TIPLE 32 NAME			CHANGE - CHARGING
STREET ADDRESS			1	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			
STREET ADDRESS				T ADDRESS		1,
CITY-ST-ZIP	_	DELETE	4.4 CITY-	ST-ZIP		Z Change Addition
TITLE NAME	•		5.1 TITLE 5.2 NAME			Change L Addition
STREET ADDRESS				T ADDRESS		15/1/97
CITY-ST-ZIP			5.4 CITY-			711/1/1/17
TITLE	-	DELETE	6.1 TITLE		10000010	Change Addition
NAME			6.2 NAME		10000218 -05/05/97010	14016
STREET ADDRESS			6.3 STREE	1 ADDRESS	***165.00	ri wiw
CITY-ST-ZIP			6.4 CITY -	ST-ZIP	200100	

14. 1do 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 logal 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.