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FILED  
Feb 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000002679 (7)

1. Corporation Name

BROOK FURNITURE RENTAL, INC.

Principal Place of Business

2015 DIRECTORS ROW  
ORLANDO FL 32809

Mailing Address

2651 ALLAN DRIVE  
ELK GROVE VILLAGE IL 60007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/02/1995

4. FEI Number

36-3008756

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME P  
CRAWFORD, ROBERT W  
STREET ADDRESS 2301 EAST OAKTON  
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005

TITLE ☐ DELETE

NAME VP  
PETERSON, THOMAS S  
STREET ADDRESS 2301 EAST OAKTON STREET  
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005

TITLE ☐ DELETE

NAME S  
CRAWFORD, WINIFRED G  
STREET ADDRESS 2301 EAST OAKTON  
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005

TITLE ☐ DELETE

NAME VP  
MUCHOWSKI, PHILIP A  
STREET ADDRESS 2651 ALLAN DRIVE  
CITY-ST-ZIP ELK GROVE IL

TITLE ☐ DELETE

NAME VP  
LAHVIC, CAROL  
STREET ADDRESS 1130 GALAXY WAY  
CITY-ST-ZIP CONCORD CA

TITLE ☐ DELETE

NAME AS  
PETERSON, THOMAS S  
STREET ADDRESS 2651 ALLAN DRIVE  
CITY-ST-ZIP ELK GROVE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 in an attachment with an address.

SIGNATURE: *[Signature]* PHILIP A MUCHOWSKI 2/12/98

CR2E034 (10/97)