

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 04, 1999 8:00 am  
Secretary of State

03-04-1999 90089 015 \*\*\*150.00

DOCUMENT # F95000002679

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 ☐ **\$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

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)