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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90126 004 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001618

1. Corporation Name
QUATRINE FURNITURE OF FLORIDA, INC.



Principal Place of Business 168 S WOODWARD BIRMINGHAM MI 48009	Mailing Address 168 S WOODWARD BIRMINGHAM MI 48009
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/28/1996	4. FEI Number 38-3296501	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 615 HAWAII AVENUE Suite, Apt. #, etc. 22	2a. Mailing Address 26 615 HAWAII AVENUE Suite, Apt. #, etc. 27	23 City & State TORRANCE, CA 24 Zip 90503 25 Country	28 City & State TORRANCE, CA 29 Zip 90503 30 Country
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9. Name and Address of Current Registered Agent

ELLIS SR, WILLIAM R
13900 STIRLING ROAD
FT LAUDERDALE FL 33330

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD1 <input type="checkbox"/> DELETE
NAME	ELLIS JR, WILLIAM R
STREET ADDRESS	168 S WOODWARD
CITY-ST-ZIP	BIRMINGHAM MI
TITLE	VSD <input type="checkbox"/> DELETE
NAME	ELLIS, VIRGINIA C
STREET ADDRESS	168 S WOODWARD
CITY-ST-ZIP	BIRMINGHAM MI
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAM R. ELLIS, JR.
1.3 STREET ADDRESS	615 HAWAII AVENUE
1.4 CITY-ST-ZIP	TORRANCE, CA 90503
2.1 TITLE	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VIRGINIA C ELLIS
2.3 STREET ADDRESS	615 HAWAII AVENUE
2.4 CITY-ST-ZIP	TORRANCE, CA 90503
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 on its attachment with an address with all other like empowered.

SIGNATURE: X *William R. Ellis* **REQUIRED** WILLIAM ELLIS (310) 381-0700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2023026

CR2E034 (11/98)