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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90126 004 \*\*\*150.00

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

1. Corporation Name

QUATRINE FURNITURE OF FLORIDA, INC.

Principal Place of Business

Mailing Address

168 S WOODWARD  
BIRMINGHAM MI 48009

168 S WOODWARD  
BIRMINGHAM MI 48009



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1996

4. FEI Number

38-3296501

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  
21 615 HAWAII AVENUE

2a. Mailing Address  
26 615 HAWAII AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
23 TORRANCE, CA

City & State  
28 TORRANCE, CA

Zip 90503

Country

Zip 90503

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 PD1 ☐ DELETE  
NAME ELLIS JR, WILLIAM R  
STREET ADDRESS 168 S WOODWARD  
CITY-ST-ZIP BIRMINGHAM MI

1.1 TITLE PRESIDENT ☒ Change ☐ Addition  
1.2 NAME WILLIAM R. ELLIS, JR.  
1.3 STREET ADDRESS 615 HAWAII AVENUE  
1.4 CITY-ST-ZIP TORRANCE, CA 90503

TITLE VSD ☐ DELETE  
NAME ELLIS, VIRGINIA C  
STREET ADDRESS 168 S WOODWARD  
CITY-ST-ZIP BIRMINGHAM MI

2.1 TITLE VICE-PRESIDENT ☒ Change ☐ Addition  
2.2 NAME VIRGINIA C ELLIS  
2.3 STREET ADDRESS 615 HAWAII AVENUE  
2.4 CITY-ST-ZIP TORRANCE, CA 90503

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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 on the attachment with an address with all other like empowered.

SIGNATURE: X

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM ELLIS

(310) 381-0700

Date

Daytime Phone #

CR2E034 (11/98)