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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700002369 (3)

FURNISHINGS INTERNATIONAL INC.

FILED Feb 27 1998 8:00am Secretary of State

·	ee of Business	Mailing Address				144 9949 41840 11410 64140 1841 1861
1300 NATIONAL HWY. G/O TAX DEPARTMENT		C/O TAX DEPARTMENT P.O. BOX 7599				
THOMASVILLE NC 27360		HIGH POINT NC 27264		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					05/05/1997	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			43-1724507	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Certificate of Status Desired	\$8.75 Additional
City & State		City & State				Fee Required
23	(C)	h ···n			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	[28] Z _{(P}	Country			
24	25	la de la companya de	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	9. Name and Address of Current		1401		10. Name and Address of New Regist	
C.	T CORPORATION SYSTEM		81	Name		
	00 SOUTH PINE ISLAND ROAD		82	Stroot Addr	ress (P.O. Box Number is Not Acceptable)	
	ANTATION FL 33324		62	Street Modi-	ess (F.O. Box Number is Not Acceptable)	
			83			
			84	City		85 Zip Code
				,		FL
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the above	-named corp	poration submits this statement for the purp ion's board of directors. I hereby accept the	ose of changing its registered
agent. La	in familiar with, and accept the obliga	ilions of, Section 607,0505, Flo	rida Statutes	ine corporati i.	loris board or directors, I hereby accept th	ie appointment as registered
SIGNATURE						
	Signature typed or punted name of rigo terrod ago:			nt signature requir		DATE
12.	OFFICERS AND	DETETE	13.		ADDITIONS/CHANGES TO OFFICER	
NAME	LYON, WAYNE B	בין מנונונ	1.1 TITLE			Change Addition
	1300 NATIONAL HWY.		1.2 NAME			l i
STREET ADDRESS	THOMASVILLE NC 27380		1.3 STREET ADDRESS			Į!
CITY-ST-ZIP TITLE	V	DELETE	1.4 CiTY-S 2.1 TITLE	1 - ZIP		Change Addition
NAME	ROBBINS, RONNIE R JR		2.2 NAME			El shange El Adonton
STREET ADDRESS	1300 NATIONAL HWY.		2.3 STREET	Annorce		
CITY-ST-ZIP	THOMASVILLE NC 27360		2. 4 CITY-ST-ZIP			
TITLE	S	☐ DELETE	3.1 TITLE	7- £1r		☐ Change ☐ Addition
NAME	BARNARD, DOUGLAS C	-	3.2 NAME			
STREET ADDRESS	1300 NATIONAL HWY.		3.3 STREET	ADDRESS		1
CITY-ST-ZIP	THOMASVILLE NC 27360		3.4. CITY - S			
TITLE	T	DELETE	4.1 TITLE			Change Addition
NAME	HOFFMAN, RONALD		4. 2 NAME			
STREET ADDRESS	1300 NATIONAL HWY.		4.3 STREET	ADDRESS		-
CITY-ST-ZIP	THOMASVILLE NC 27360		44 CITY-S			
TITLE		☐ DEIFTE	5.1 TITLE			☐ Change ☐ Addition
NAME			52 NAME			ĺ
STREET ADDRESS			5.3 STREET	ADDRESS		
CITY-S1-ZIP			5.4 CITY-S	- ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET	ADDRESS		
CITY-ST-ZIP			6.4 DITY- ST	-zip		i

14. Thereby 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 component 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 (a) an appear with an address.

CMATURE R. Roll

alpolas

(336)476-4777