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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # G19534

1. Corporation Name

BUDGET FURNITURE SALES, INC.

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90112 025 ***150.00

|--|

| Principal Place | of Business | Mailing Address | | | | 111 B191 G1911 B1611 | 41411 41411 411 | (11 -14 -1 -14 -1 |
|---|--|--|------------------------------|---------------|---|----------------------|--------------------------|------------------------|
| 736 PARK AVE T36 PARK AVE LAKE PARK FL 33403 LAKE PARK FL 33403 | | | | | DO NOT WRI | TE IN THIS SI | PACE | |
| | · | | | | Date Incorporated or Qualified 01/20/1983 | | | |
| 2. Principal Place of Business 22. Mailing Address 23. Mailing Address 26. SAME | | | | | 4. FEI Number 59-2257674 | | | lied For Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desired | | \$8.75 Ac Fee Req | - |
| City & State City & State | | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 N Added to | |
| Zip Country B Zip | | | | , | This corporation owes the curr Personal Property Tax. | | | □No |
| 24 3340 | 9. Name and Address of Current | | 301 | | 10. Name and Address of New I | | | |
| | 9. Name and Address of Current | Kegisteled Agent | 81 | Name | 10, | | <u></u> | |
| SMIT | HWICK, E.L. | | - | | (D.C. D. N. L. in Not Assert | abla\ | | |
| 736 PARK AVE LAKE PARK FL 33403 | | | 82 | | ress (P.O. Box Number is Not Accept | | | |
| DANC | TARK FE 30-103 | | 84 | L | <u> </u> | | 85 Zip Ci | ode |
| | to the provisions of Sections 607.0502 | | | , , | | FL_ | | |
| office or re agent. I ar | to the provisions of Sections 607.0502 gistered agent, or both, in the State of m familiar with, and accept the obligation Signature, typed or printed name of registered agent | r Florida. Such change was au ons of, Section 607.0505, Flori | ithorized by ida Statute: | the corporati | ed when reinstating) | DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | | | |
| TITLE | V | ☐ DELETE | 1.1 TITLE | | | ļ | Change _ | Addition |
| NAME | SMITHWICK, MAGDAENE P. | • | 1.2 NAME | 1 | | | | Ì |
| STREET ADDRESS | 3040 NAUTICAL WAY | • | 1.3 STREE | T ADDRESS | | | | Ì |
| CITY-ST-ZIP | LANTANA FL 33462 | | 1.4 CITY-5 | ST-ZIP | <u> </u> | | | - Addison |
| TITLE | P | ☐ DELETE | 2.1 TITLE | } | | | Change | ☐ Addition |
| NAME | SMITHWICK, E.L. | • | 2.2 NAME | | | | | |
| STREET ADDRESS | 3040 NAUTICAL WAY | | 2.3 STREE | TADDRESS | e e e e e e e e e | | - ~ | - |
| CITY-ST-ZIP | LANTANA FL 33462 | | 2. 4 CITY- | ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELÉTE | 3.1 TITLE | | | (| ☐ Change | ☐ Acquiron [|
| 'NAME | | | 3.2 NAME | | | • | | Ì |
| STREET ADDRESS | | | 3.3 STREE | T ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | 3.4. CITY- | ST-ZIP | | | ☐ Change | Addition |
| TITLE | | ☐ DELETE | 4.1 TITLE | | | | Gliange | C Addition |
| NAME | | | 4. 2 NAME | j | | | | ļ |
| STREET ADDRESS | | | 4.3 STREE | TADDRESS | | | | |
| CITY-\$T-ZIP | | | 4.4 CITY- | ST-ZIP | | | Change | Addition |
| TITLE | | ☐ DELETE | 5.1 TITLE | | • | | Change | C. Addition |
| NAME _ | | | 5.2 NAME | | | | | |
| STREET ADDRESS | | | | TADORESS | • | | | |
| CITY-ST-ZIP | | — — — — — — — — — — — — — — — — — — — | 5.4 CITY-1 | 51-ZIP | | | ☐ Change | Addition |
| TITLE | E. Balant a commonwer | ☐ DELETE | | | | | ∟ onange | L. 14000011 |
| 1 | . Hark M. 18501 | | 6.2 NAME | 1 | | | | |
| STREET ADDRESS | | • | | T ADDRESS | | | | } |
| CITY-ST-ZIP | (4) (1) (1) | | 6.4 CITY- | ST-ZIP | | | | |

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.