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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # 1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90020 042 ***150.00

SOUTHE	HN CONTRACT FURNITUR	SE, INC.					
Principal Place	of Pusiness	Mailing Address		_		ii diala bibil diala b	ibil didik labi
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392 MELODY LA CASSELBERY FI		392 MELODY LANE CASSELBERRY FL 32707					
US US					DO NOT WRITE IN TH	IIS SPACE	
					3. Date incorporated or Qualifed 03/29/1983		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Apı	plied For	
21		26		59-2266742	No	t Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 A	
22		27			5. 35. 	Fee Re	quired
City & State	e	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added to	o Fees
Zip	Country	↓ Zip	Country	4	8. This corporation owes the current year		□No
24	25		30		Personal Property Tax.		
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Register	su Agent	
THE	ALL, THOMAS E.						
	WOODRIDGE DR		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	N PARK FL 32730		83				
1 1.11	11 A(1)() E 32/30		0.	'		_	
			84	City	F	85 Zip C	Code
		a of Florida. Such change was at	nnorizea ov	e-named co	ation's board of directors, I nereby accept the ap	DOMERICAN AS LES	91310104
agent. I ai	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute:	the corpora s.	ation's board of directors. I hereby accept the ap	politiment as ret	
agent. I ai	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE:	ida Statute:	the corpora s.			
agent. I ai SIGNATURE 12.	m familiar with, and accept the oblig Signature, typed or printed name of registered ag OFFICERS A	ations of, Section 607.0505, Flor	Registered Age	the corpora s.	uired when reinstating) DATE		
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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 a paddress, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR