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

CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G68363

(2)

FURNITURE UNIQUE, INC.

Mailing Address

914 S.E. 13TH PLACE **CAPE CORAL FL 33990**

李文章 电电子电影 "这种是**这种,这种是一种,这种是一种,**这种是一个,我们是一个,我们是一个,我们是一个,我们也是一个,我们也是一个,我们也是一个,我们也是一个,也是一个,我们也是一个,我们就是一个,我们就是一个,我们就是一个,我们就是一个,我们也

Principal Place of Business

914 S.E. 13TH PLACE CAPE CORAL FL 33990

FILED Apr 14 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

								3.	3. Date Incorporated or Qualified			
									11/08/1983			
2. Principal Place of Business				. Mailing Address				4. FEI Number		Applied For		
<u> 1</u>			26						59-2346542		Not Applicable	
Suite, Apt. #, etc.			27	Suite, Apt. #, etc.				5.	5. Certificate of Status Desired			
City & State				City & State				6.	6. Election Campaign Financing \$5.00 May Be			
23								Trust Fund Contribution Added to Fees				
Zip	Country			Zip Cou			untry		8. This corporation owes or has paid the current year Intangible			
25				30					Personal Property Tax due June 30. Yes No			
Name and Address of Current Registered Agent								10. Name and Address of New Registered Agent				
GAUBEART, HARRY JAMES							81 Name					
1101 S.E. 12TH AVENUE						82 Street Address (P.O. Box Number is Not Acceptable)						
CAPE CORAL FL 33904						ou other Address (1.0. Box Mulliper is 1401 Acceptable)						
-,					83							
				:			O:+ ·			Taul -	V- Code	
						84	City		F	L 85 2	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 proted name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12. OFFICERS AND DIRECTORS						0 700	THE SIGNATURE		ADDITIONS/CHANGES TO OFFICERS A		ORS IN 12	
TITLE	PD DELETE					1.1 TITLE			7.001110107011111020 10 0111021107	Chan		
NAME	GAUBEART, HARRY JAMES					1.2 NAME						
	And a mark translate					1.3 STREET ADDRESS						
STREET ADDRESS CITY-ST-ZIP	CAPE CORAL FL					1.4 CITY-ST-ZIP						
TITLE	VST			DELETE	2 1 TI	TLE				Chan	ge Addition	
NAME	GAUBEART, CHRISTINE ANN				2.2 N	2.2 NAME					Į	
STREET ADDRESS	1526 S.	E. 11TH AVENUE		238			2.3 STREET ADDRESS					
CITY-ST-ZIP	CAPE C	ORAL FL		2.41			T-ZIP					
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NAME)					3.2 N	3.2 NAME]	
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NAME					6.2 N	AME						
STREET ADDRESS					6.3 ST	REET	ADDRESS				İ	
CITY-ST-ZIP					6.4 CI							
14. I hereby c	ertify that th	e information supplied v	vith this f	filing does not qualify f	or the exe	empt	ion state	d in Section	tion 119.07(3)(i), Florida Statutes. I further	certify that	the information	

muicated 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 ai officer or director of the corporation or the receiver or trusted 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. **SIGNATURE:**