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 # H51072

(7)

WALL STREET CONTEMPORARY FURNITURE, INC.

FILED Feb 25 1998 8:00am Secretary of State



### SELORAN BLVD. CASSELBERRY FL 32707 ###	Principal Place of Business Mailing Address						ı indiları gidi. Milde sidir delini labid sibi dibir bil	iri diwil Stall B	HANDA MEMBER AND E
2. Principal Place of Business 2. A. Mulling Address 5 2. Eli Number Applied For OH (05/1985) 2. Suite, Apt #, etc. 28 Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Suite, Apt #, etc. 59-2510094 Net Applied For OH (27/1985) 2. Description of Status Desired Sp. 75-Addition of Fee Required 200	973 SEMORA	NN BLVD. Ry Fl. 32707							
2. Principal Place of Business. 28. Multing Address 5 29. South, Apt #, etc. 29. Country 29. 27. Country 29. 28. The Country 29. 29. Country 29. 29. Country 29. 20. Name and Address of Current Registered Agent 29. Country 30. Name and Address of Current Registered Agent 30. Name and Address of New Registered 30. Name and Address of New Registered Agent 40. Name and Address of New Registered 40. Name and Address of New Regis	- STOCKOOTH	II TE VETUF	ONDDEEDERK! F	L SZTUI			DO NOT WRITE IN THIS	SPACE	
22. Multip Aptidies Size Section 4. FET Number Section 4. Section 4. FET Number Section 4. Section 6. Se	ļ						3. Date Incorporated or Qualified		
22. Multip Aptidies Size Section 4. FET Number Section 4. Section 4. FET Number Section 4. Section 6. Se	1						04/05/1985		
Suitc, Appl #, oft. Suitc, Appl #, oft. Suitc, Appl #, etc.	2. Principal P	Place of Business	2a. Mailing Addres	ss				7	Applied For
Suick, Apt. #. etc. 227 City & Statio 237 City & Statio 249 250 250 250 250 250 250 250 250 250 250							59-2510094		Not Applicable
City & State 23			Suite, Apt. #, e	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
24) 24 Country 2 Zup Country 2 Zup Country 3 Should May \$4 Should be presented contribution				<u></u>			V. Contineate of Otatos Dosired	Fee F	Required
2P Country 3D See		О	F 1						
22 25 28 30 Presconal Property Tax of the Juntary Interplating Inte	7:0	T C	····	1 6					
9. Name and Address of Current Registered Agent Y 973 SEMORAN BLVD. CASSELBERRY FL 32707 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Socioes 607 05-02 and 607 1508. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered agent or both in the State of Honds. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent or fromther with, card accept the depolations of Steet Confed Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 INE DR INE	F	— ·	<u></u>	ļ <u>-</u>	JUNITY	′			
Y 973 SEMORAN BLVD. CASSELBERRY FL 32707 11. Pursuant to the provisions of Sections (27 00/20 and (27) 1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered segment and immitted with, and acceptable to changing its registered segment and immitted with, and acceptable to changing its registered segment and immitted with, and acceptable to changing its registered segment and immitted with, and acceptable to changing its registered segment and immitted with, and acceptable to changing its registered segment and immitted with, and acceptable to changing its registered segment and acceptable to change its registered segment ana	241			30	_			_	∐ No
973 SEMORAN BLVD. CASSELBERRY FL 32707 82 Stroot Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Soctors 607 05/02 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent on find any other foliations of control 607 05/05 per address of the corporations submits this statement for the purpose of changing its registered agent and mindle with a control for designation of control 607 05/05 per address of the corporations board of directors. I hereby accept the appointment as registered agent agent are find any of the designation of control 607 05/05 per address of the corporations board of directors. I hereby accept the appointment as registered agent agent are registered agent agent are registered agent agen			Tom registeres rigem		81	Name	10. Name and Address of New Registered	Agent	
CASSELBERRY FL 32707 84 City FL 85 Zip Code	07	2 CEMODAN DINO				744,110			
11. Pursuant to the provisions of Sections 607 05/02 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 Hordes, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and female with and accept the obligations of Sciences 607 05/05. Florida Statutes. SIGNATURE Signature briefly or productive of registered along the directors of the purpose of changing its registered agent agent and or state the obligations of Sciences of State of Both Sciences of Sciences of Sciences of State of Both Sciences of S	1	O OCMUTVIT DLTU.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
11. Pursuant to the provisions of Sections 607 05/02 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 Hordes, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and female with and accept the obligations of Sciences 607 05/05. Florida Statutes. SIGNATURE Signature briefly or productive of registered along the directors of the purpose of changing its registered agent agent and or state the obligations of Sciences of State of Both Sciences of Sciences of Sciences of State of Both Sciences of S	, CA	SSELRERRY EL 32707			83	-			
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 agent Land femiliar with an advance the collegations of Sixth change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent Land femiliar with an advanced the obligations of Science 1507 0505. Florida Statutes. SIGNATURE SIGNATURE	0.	WOLLDCHITT FL 32707							
11. Pursuant to the provisions of Soctions 607 0402 and 607 1508. Florids Statutes, the abovenamed corporation submits this statement for the purpose of changing its registered agent I am familiar with, and arcord the obligations of. Section 607 0505, Florida Statutes. SIGNATURE	1				84	City	<u> </u>	85 Zip	Code
SIGNATURE Speaker Spe	11. Pursuant	to the provisions of Sections 607.6	1502 and 607 1508 Florido	Statuton tha	aho:	named co		<u> </u>	ito sociatara d
SIGNATURE Speaker Spe	office or r	egistered agent, or both, in the Sta	ate of Florida, Such change	o was authoriz	ed by	the corpora	ation's board of directors. I hereby accept the ap	я changing pointment a	its registered is registered
Signature have to prove the start and start and the start and the start and start an	ayemia	m familiar with, and accept the ob	oligations of, Section 607.09	505, Florida Sta	atutes	3.			
TILE TITLE DP		Shorakara Naturday randod hayar at root about	Vanit material dissort day	Wate B. St.					
TITLE MAME STREET ADDRESS CITY-S1-2P TITLE MAME STREET ADDRESS CITY-S1-2P TITLE MAME STREET ADDRESS CITY-S1-2P TITLE MAME STREET ADDRESS S			The second secon			ant signature redi		DODECTO	DC IN 12
MAME STREET ADDRESS CITY-ST-ZPE LONGWOOD FL 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZPE 1.0 CITY-ST-ZPE LONGWOOD FL 1.2 NAME 2.2 NAME 2.2 NAME 2.3 STREET ADDRESS CITY-ST-ZPE 1.3 STREET ADDRESS CITY-ST-ZPE 1.4 CITY-ST-ZPE 1.5 NAME 3.7 N							ADDITIONS/CHANGES TO OFFICERS AN		
STREET ADDRESS 283 SILK BAY PLACE 13 STREET ADDRESS 14 CITY - 51 - 72P	NAME	IATAROLA, MICHAEL							, idoktoli
CITY-ST-ZIP	1 1					ADDRESS			
DELETE DELETE 21 TITLE Change Addition						1			
NAME			DELE			11-24		Change	Addition
STREET ADDRESS 2 3 STREET ADDRESS 2 4 CITY-ST-ZIP	NAME		_						
CITY_SI_ZIP	STREET ADDRESS					ADDRESS			
DELETE STITULE STITULE STITULE Addition Addition									
NAME			DELE			21 &11		Channe	Addition
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41 TITLE NAME 4 2 NAME 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP TITLE NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP TITLE NAME 5 2 NAME 5 3 STREET ADDRESS 6 3 STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP NAME STREET ADDRESS 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP NAME 6 3 STREET ADDRESS CITY-ST-ZIP NAME 6 3 STREET ADDRESS CITY-ST-ZIP NAME 6 3 STREET ADDRESS CITY-ST-ZIP OF LETE OF LATING OF THE CONTROL OF	NAME		.—					go	
CITY-S1-ZIP TITLE DELETE 4 1 TITLE NAME 4 2 NAME 4 2 NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 4 1 CITY-S1-ZIP 4 CITY-S1-ZIP TITLE DELETE 5 1 TITLE S 3 STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6 1 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE DELETE 6 1 TITLE NAME STREET ADDRESS CITY-S1-ZIP TITLE OBLETE 6 3 STREET ADDRESS CITY-S1-ZIP S 4 CITY-S1-ZIP Change Addition Addition Addition Change Addition						ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4 1 TITLE 4 2 NAME 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP TITLE DELETE 5 1 TITLE S 2 NAME 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6 1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE OBLETE 6 3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP S 3 STREET ADDRESS CITY-ST-ZIP S 4 CITY-ST-ZIP Change Addition	l i								
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S1 TITLE S1 TREET ADDRESS 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE S2 NAME 6.2 NAME 6.2 NAME STREET ADDRESS CITY-ST-ZIP SA CITY-ST-ZIP Change Addition Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP SA STREET ADDRESS			DELE			ot-Elf.		Change	Addition
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Addition 5.2 NAME 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition Change Addition Change Addition 6.2 NAME 6.3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition Change Addition								Orango	
CITY-ST-ZIP				1		ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 5 1 TITLE 5 2 NAME 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Addition 6 2 NAME 6 3 STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP Change Addition	Į.								
NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 HITLE STREET ADDRESS CITY-ST-ZIP Change Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CANAME 6.3 STREET ADDRESS CITY-ST-ZIP CANAME CANAM			DELE			1-41		Channe	Addition
STREET ADDRESS CITY-ST-ZIP TITLE DELETE 6.1 HITLE Change Addition 6.2 NAME STREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.5 STREET ADDRESS	!							T Alkalığa	
CITY-ST-ZIP						ADDRESS			
TITLE DELETE 6.1 TiTLE Change Addition	" I					· 1			
NAME STREET ADDRESS CITY ST. 7IP 6.2 NAME 6.3 STREET ADDRESS 6.4 STREET ADDRESS 6.4 STREET ADDRESS			1130			1 - ZiP		Chance	Addition
STREET ADDRESS CITY ST. 7IP	1		v.u.					Li change	☐ 20 00000
CITY-ST-7IP						Abbress-			l
CHY-SI-ZIK A				\					
14. Thereby certify that the information supplied with this bling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information	14. I hereby o	sertify that the information salurate	will the bline deschool or	sality for the an	CITY - SI	I-ZIP	n Section 110 07/9/(i) Florida Statistan Literatura	and for the second	a lafavar - *:

and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporat Block 12 or Block 13 if changed