FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # K49756 (5) SPECIAL ORDER FURNITURE, INC.					
Nivelant Elimen	C.F.D. min and	LANGUA ANDRONA		{	
¹rincipa: Place of Business 488 W HIGHWAY 436 #1300 ALTAMONTE SPRINGS FL 32714		Mailing Address 488 W HIGHWAY 436 #1300 ALTAMONTE SPRINGS FL 32714 US			
		03		3. Date Incorporated or Qualified 3a. D	Date of Last Report 02/27/1995
t. Principal Plac	e of Business	2a. Mailing Address 26		4. FEI Number 59-2920544	Applied For Not Applicable
[†] Suite, Apt. #. ∃	eto.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required \$5.00 May Be
		28		Trust Fund Contribution	Added to Fees
<i>Σ</i> φ	Country 25	Ζιρ 29	Country 30	This corporation has liability for intangible Florida Statutes	
'1	9. Name and Address of Curre			10. Name and Address of New Registers	
			81 Name		
CONWAY, DAVID M. 488 W. HWY 436			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
488 W. Suite 1			83		
ALTAMONTE SPRINGS FL 32714			84 City		[a=1 2 - 0 - 1 -
			84 City	F	Zip Code
or registered familiar with SIGNATURE	d agent, or both, in the State of Flo , and accept the obligations of, Sec	rida. Such change was author ction 607.0505, Florida Statute	ized by the corporation's boa es.	ration submits this statement for the purpose of ird of directors. I hereby accept the appointment	t as registered ägent. I am
or registered familiar with SIGNATURE	d agent, or both, in the State of Flo , and accept the obligations of, Sec light respect or printed name of registeres age	rida. Such change was author ction 607.0505, Florida Statute	uites, the above named corporated by the corporation's boards. NOTE Registered Agent signature require 13. 1 1 TITLE 1.2 NAME	rd of directors. I hereby accept the appointment	t as régistered agent. I am
or registered familiar with SIGNATUREsi	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute ctandthe rappleade # ND DIRECTORS ☐ DELETE	vote Ringstered Agent signature require 13. 1 TITLE	ord of directors. I hereby accept the appointment	t as registered agent. I am E AND DIRECTORS IN 12
or registeror familiar with SIGNATURE	d agent, or bolin, in the State of Flor, and accept the obligations of, Sec lgratue, typict or printed name of macroisc age OFFICERS AT DP CONWAY, DAVID M.	rida. Such change was author ction 607.0505, Florida Statute ctavilitie Pappicados // IDELETE	vote Registered Agent synature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP	ord of directors. I hereby accept the appointment	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition
or registered familiar with SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNAME SI	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute ctandthe rappleade # ND DIRECTORS ☐ DELETE	vzed by the corporation's boards. NOTE Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2 1 TITLE	ord of directors. I hereby accept the appointment	t as registered agent. I am E AND DIRECTORS IN 12
or registered familiar with IGNATURE 2. ILE MME HELL ADDRESS ITY: ST-ZEP LLE AME AME	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute ctavilitie Pappicados // IDELETE	vote Registered Agent synature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP	ord of directors. I hereby accept the appointment	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition
or registeror familiar with IGNATURE 2. ILE MME IMELI ADDRESS ILY ST-ZIP JLE AME IMELI ADDRESS ILY ST-ZIP ILE IMELI ADDRESS ILY ST-ZIP ILE IMELI ADDRESS	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of ND DIRECTORS DELETE	vzed by the corporation's boards. vote Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	ord of directors. I hereby accept the appointment	t as registered agent. I am E AND DIRECTORS IN 12 Change Add:tion Change Add:tion
or registered familiar with IGNATURE 2. 1LE MME HEEL ADDRESS ITY ST ZIP LIFE I ADDRESS	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute ctavilitie Pappicados // IDELETE	vzed by the corporation's boards. VOTE Projectered Agent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE	ord of directors. I hereby accept the appointment	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition
or registered familiar with figNATURE. 2. FUE AME THE LADDRESS TY-ST-ZE THE LADDRESS	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of ND DIRECTORS DELETE	vzed by the corporation's boards. VOTE Projectered Agent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Add:tion Change Add:tion
OF registered familiar with GRNATURE 2. FLE AME HEELF ADDRESS FLE HEELF ADDRESS FLY-ST-ZIP FLE HEELF ADDRESS FLY-ST-ZIP FLE AME HEELF ADDRESS	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of ND DIRECTORS DELETE	vzed by the corporation's boards. VOTE Projectered Agent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition
OF TEGISTERIO FARMATURE SI SI SI SI SI SI SI SI SI S	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of ND DIRECTORS DELETE	vzed by the corporation's boards. VOTE Registered Agent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Add:tion Change Add:tion
OF registeror farminar with IGNATURE 2. ILE AME IMEET ADDRESS ICY-SY-ZIP ILE AME IMEET ADDRESS ICY-ST-ZIP ILE AME	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute et avid tile if applicative # ND DIRECTORS DELETE DELETE DELETE	vzed by the corporation's boards. VOTE Registered Appent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
OF TEGISTERIO FARMATURE SI 2. FLE MME HELL ADDRESS TY-SY-ZIP FLE MME HELL ADDRESS TY-ST-ZIP FLE MME HELL ADDRESS TY-ST-ZIP FLE MME HELL ADDRESS	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute et avid tile if applicative # ND DIRECTORS DELETE DELETE DELETE	vzed by the corporation's boards. VOTE Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
OF TEGISTERIO FOR THE PROPERTY OF THE PROPERT	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute et avid tile if applicative # ND DIRECTORS DELETE DELETE DELETE	vzed by the corporation's boards. VOTE Registered Appent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
OF TEGISTERIO FARMATURE SI LE MME HEET ADDRESS TY-SY-ZIP LE MME HEET ADDRESS TY-ST-ZIP LE	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of DELETE DELETE DELETE	vzed by the corporation's boards. VOTE Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-2IP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 4.1 STREET ADDRESS 4.4 CITY-ST-ZIP	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Change Addition
OF TEGISTERIO FARMATURE SI LE MME HEET ADDRESS TY-SY-ZIP LE MME HEET ADDRESS TY-ST-ZIP LE MMA HEET ADDRESS TY-ST-ZIP LE AMA	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of DELETE DELETE DELETE	vzed by the corporation's boards. 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 3.4 CITY-ST-ZIP 5 1 TITLE 4 2 NAME 5 3 STREET ADDRESS 5 3 4 CITY-ST-ZIP 5 1 TITLE	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Change Addition
OF registeror farminar with IGNATURE 2. ILE AME INELLA ADDRESS ILY-ST-ZIP ILE AME INELLA ADDRESS ILY-ST-ZIP ILE AMA INELLA ADDRESS ILY-ST-ZIP ILE AME INELLA ADDRESS ILY-ST-ZIP ILE AME INELLA ADDRESS ILY-ST-ZIP	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of the policies of	IZEC by the corporation's boards. NOTE Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am
OF TEGISTERIO FARME SILE SI	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of DELETE DELETE DELETE	IZEC by the corporation's boards. NOTE Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE 5.3 NAME 5.4 CITY-ST-ZIP 6 1 TITLE	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am E AND DIRECTORS IN 12 Change Addition Change Addition Change Addition Addition Change Addition
OF TEGISTERIO FARME THE TADDRESS THE TADDRESS THE TADDRESS THE STORE THE S	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of the policies of	13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 4.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5 1 TITLE 4.5 NAME 5.5 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	ord of directors. I hereby accept the appointment od when reinstaling) DAT	t as registered agent. I am
OF TEGISTERIO FARME THE FADDRESS THE FADDRESS THE FADDRESS THE STORE	d agent, or both, in the State of Flo , and accept the obligations of, Sec light her typed or printed name of registeric age OFFICERS AI DP CONWAY, DAVID M. 488 W. HWY. 436 ≢1300	rida. Such change was author ction 607.0505, Florida Statute of application of the policies of	IZEC by the corporation's boards. NOTE Registered Apent signature require 13. 1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6 1 TITLE 5.3 NAME 5.4 CITY-ST-ZIP 6 1 TITLE	ord of directors. I hereby accept the appointment	t as registered agent. I am

SIGNATURE:

JOHN THE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTO

1/26/96 407-788-8856