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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortimer</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K58930

1. Corporation Name

Best Deal Furniture & Appliances, Inc.

Principal Place of Business

Mailing Address

2779 NW 198 TERR.  
OPA LOCKA, FL. 33056

SAME

3. Date Incorporated or Qualified

3a. Date of Last Report

1/18/99

3/1/96

4. FEI Number

65-0098098

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 2779 NW 198 TERR

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

23

City & State

28

City & State

24

Zip

Country

29

Zip

Country

25

33056

USA

30

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

SAMUEL JACRES

82 Street Address (P.O. Box Number is Not Acceptable)

2779 NW 198 TERR.

83

84 City

OPA LOCKA

FL

85

Zip Code

33056

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

*X Samuel J*

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when re-registering)

4/25/97

DATE

12. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

☐ DELETE

NAME

SAMUEL JACRES

STREET ADDRESS

2779 NW 198 TERR.

CITY- ST- ZIP

OPA LOCKA, FL. 33056

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

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CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

23 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

33 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

43 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

53 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

63 STREET ADDRESS

6.4 CITY- ST- ZIP

600002173576

-05/03/97--01103--046

\*\*\*165.00

14. I do 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.

SIGNATURE: *X Samuel J*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

DATE

(305) 624-7260

Daytime Phone #

CR2E034 (9/96)