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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # K70827 1. Corporation Name

FLORIDA FLAIR FURNITURE, INC.

FILED Feb 10, 1999 8:00 am Secretary of State

02-10-1999 90045 010 ***150.00



Principal Plac	ce of Business	Mailing Address			4 (00) 011 (00) (1 00) (1 00) (1 10) (10)	(80) BIBN GIBN ENEN DIÐN	# (#46 #1#61 1##1	
3630 BONITA BEACH ROAD BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134								
						IN THIS SPACE	* 4	_
					3. Date Incorporated or Qualifed 03/07/1989			
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ar	plied For	٦.
21		26			65-0099540	No.	t Applicable] .
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	□ \$8.75 <i>i</i>	Additional] :
22		27			J. Gotting of Citation Debuted	Fee Re	equired	1_
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added :	May Be to Fees	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current	t vear Intangible		1
24	25	29	30		Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	gistered Agent]
VEI	LED WAYNE D			81 Name				ŀ
	LER, WAYNE P.			82 Street Add	Iress (P.O. Box Number is Not Acceptable	e)		1
	O BONITA BEACH ROAD				s of the first states of the state of the st	-y -to-day year tout the fee	nadi stratan	╝.
BUr	NITA SPRINGS FL 33923			83			A 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
				84 City		85 Zip (Code	┨
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· Office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State of am familiar with, and accept the obligate	oi Fiorida. Such change was a	utnonzea	by the corporati	poration submits this statement for the pution's board of directors. I hereby accept the	rpose of changing its he appointment as re	registered gistered	
SIGNATURE	•	,					, i j	
OIOIVATORE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating) [[[[]]]]	DATE		١,
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	CERS AND DIRECTO	RS IN 12] }
TITLE	DP							
	=:	☐ DELETE	1.1 π	LE	67-43055B	☐ Change	☐ Addition	7.7
NAME	KELLER, WAYNE P.	☐ DELETE	1.1 TT 1.2 ÑA		61-930600	☐ Change	☐ Addition	14.147
NAME STREET ADDRESS	KELLER, WAYNE P. 26935 MCLAUGHLIN BLVD	☐ DELETE	1.2 ÑA		\$7%30\$10	☐ Change	☐ Addition	7.57
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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 autachipent with an address, with all other like empowered.