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

CORPORATION ANNUAL REPORT 1998

Suite, Apt. #, etc.

SUITE 104

City & State

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Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # K98085

(9)

WHITTINGTON HOME FURNISHINGS, INC.

Country

9. Name and Address of Current Registered Agent

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LEONE & ASSOCIATES, PAC

11000 PROSPERITY FARMS ROAD

PALM BEACH GARDENS FL 33410

Principal Place of Business	Mailing Address			
4152 W BLUE HERON BLVD SUITE 102 RIVIERA BEACH FL 33404	4152 W BLUE HERON BLVD SUITE 102 RIVIERA BEACH FL 33404			
2. Principal Place of Business	2 Mailing Address			

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City & State

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FILED Mar 10 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/27/1989 4. FEI Number Applied For 65-0132623 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 6, Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 30 10. Name and Address of New Registered Agent 81 Name RENE'& LEONE, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104 83 11000 PROSPERITY FARMS ROAD 84 City

office or re	egistered agent, or both, in the State of Horida. S m families with, and accept the obligations of Se	Such change was au ction 607 0505. Flori	thorized by the corporal de Statutos	tion's board of directors. I hereby	accept the appointment as	registered
	PIPDOD	/H.	cia diatates.		2-24-91	
SIGNATURE	Signature typed or printed named of toge to the appoint and title if app	de atrin (NOTE I	Registered Agent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 12
TITLE	PS	DELETE	1.1 TITLE		Change	☐ Addition
NAME	WHITTINGTON, JERRY		1.2 NAME			
STREET ADDRESS	10151 88TH ROAD NORTH		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE PARK FL		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME			i
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY- \$1-2IP			
TITLE		DEFELE	41 TIFLE		Change	Addition
NAM€			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			,
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		DELETÉ	6.1 TITLE		Change	Addition
NAME			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			ļ
017) AT 710			CADITY OF THE			ł

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 suppliemental 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:

2-27-98