

PROFIT CORPORATION ANNUAL REPORT

2000



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 08, 2000 8:00 am
Secretary of State

06-08-2000 90002 011 ***150.00

DOCUMENT # **L77037** (4)

1. Corporation Name
NARSON TABLE COMPANY INC.

Principal Place of Business
**12075 NW 40 ST
STE - 4
CORAL SPRINGS FL 33065
US**

Mailing Address
**2788 N.W. 120TH WAY
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified **06/01/1990** 3a. Date of Last Report **04/10/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	65-0200451	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	8. This corporation has liability for intangible tax under s 189.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NARSON, ARLENE
2788 N.W. 120 WAY
CORAL SPRINGS FL 33065**

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City	
85	State	FL
	Zip Code	

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	NARSON, ARLENE	1.2 NAME	
STREET ADDRESS	2788 N.W. 120 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	NARSON, ROBERT	2.2 NAME	
STREET ADDRESS	2788 N.W. 120 WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arlene B. Narson* (954) 752-2299 4-24-00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Arlene B. Narson Secy/Treas.