

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M05385 (3)

1. Corporation Name

FURNITURE CONCEPTS 2000 INC.



Principal Place of Business

Mailing Address

454 N.E. 28TH ST.
POMPANO BCH. FL 33064

454 N.E. 28TH ST.
POMPANO BCH. FL 33064

3. Date Incorporated or Qualified
09/19/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2471285

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23

28

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

Yes ☒ No ☐

24

25

Country

29

Zip

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KELLY, DAN
454 N.E. 28TH ST.
POMPANO BCH. FL 33064

81 Name

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

83

84 City

FL

85 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 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

Signature, typed or printed name of registered agent and the applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VP
NAME KELLY, FRANCINE
STREET ADDRESS 454 NE 28TH ST
CITY-ST-ZIP POMPANO BCH FL

DELETE

TITLE S
NAME ROWE, BOB
STREET ADDRESS 454 N.E. 28TH ST.
CITY-ST-ZIP POMPANO BCH. FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

PRESIDENT
DANIEL KELLY
454 NE 28TH ST
POMPANO BCH. FL.

Change ☐ Addition ☒

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change ☐ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change ☐ Addition ☐

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Daniel Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-96 954-946-0310
Date Daytime Phone #

CR2E034 (3/96)