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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # M05385 (3) 1. Corporation Name FURNITURE CONCEPTS 2000 INC.							
Principal Place of Business 454 N.E. 28TH ST. POMPANO BCH. FL 33064		Mailing Address	•)) Out 2 (24) 64045 54641 64045 61241 4064	
		454 N.E. 28TH ST. POMPANO BCH. FL 33064-5438					
					 Date Incorporated or Qualified 09/19/1984 	3a. Date of Last Report 07/02/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21	<u>.</u> ,	26			59-2471285	Not Applicable	
Suile, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	See Required	
[22] City & State	Α	City & State			8 Flatin Consider Financia		
23	6	28			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Countr	ry	8. This corporation has liability for	ptangible tax under s. 199.032,	
24	25 29 30 g. Name and Address of Current Registered Agent		30		Florida Statutes		
VEII	LY, DAN	ent vedisteled when	8	1 Name	10, Hame and Address of New He	Netro on Agent	
	N.E. 28TH ST.		8	2 Street Ad	dress (P.O. Box Number is Not Acceptab	le)	
POM	IPANO BCH. FL 33064		8:				
			84	4 City		FL 85 Zip Code	
11. Pursuant office or r agent I a SIGNATURE	to the provisions of Sections 607.01 registered agent, or both, in the Sta remaintain with, and accept the obline Stgnature, typed or proted name of registered in	le of Florida. Such change was igations of, Section 607.0505, F	authorized bi forida Statute	by the corpores.	rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstains	DATE	
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC		
TITLE	VP KELLY, FRANCINE	☐ DELETE	1.1 TITLE			☐ Change ☐ Addition	
NAME	454 NE 28TH ST		1.2 NAM	;			
STREET ADDRESS	PMPANO BCH FL		1.4 CITY	ET ADDRESS			
CITY-ST-ZIP TITLE	S DELETE		2 1 TITLE			Change Addition	
NAME	ROWE, BOB	_	2.2 NAME				
STREET ADDRESS	ACA N. C. ANTILLOT		2 3 STREE	ET ADORESS			
CITY-ST-ZIP	POMPANO BCH. FL		2 4 CITY	- ST- ZIP			
TITLE	P	DELETE	3.1 TITLE			Change Addition	
NAME	KELLY, DANIEL		3.2 NAME				
STREET ADDRESS			•	ET ADDRESS			
CITY-ST-ZIP TITLE	POMPANO BCH FL	DELETE	3.4. CITY 4.1 TITLE			Change Addition	
NAME		المال	4.1 (HEC			c.sage radium	
STREET ADDRESS				ET ADDRESS			
CITY - ST-ZIP			4.4 SITY				
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STRE	ET ADDRESS			
C 1Y+S1+ZIP			5.4 CITY	-ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	by costily that the information a grad	Lad with this Oline alone not some	6.4 CITY		ed in Section 119 07(3\f) Florida Statute	e. I further portify that the	

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.

1-15-97 954-941 MZIN

FILED

Feb 18 1997 8:00am

Secretary of State