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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jan 26 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M19689

(2)

Principal Plac	ESSIONAL FURNITURE MAF	Mailing Address							
· ·		7652 ASHLEY PARK CT			ļ				
7652 ASHLEY PARK CT 7652 ASHLEY PARK CT STE #305 STE #305									
ORLANDO F	L 32835	ORLANDO FL 32835			DO NOT WRIT	E IN THIS S	SPACE		_
US		US			3. Date Incorporated or Qualified				
					08/21/1985				4
<u></u>	Place of Business	2a. Mailing Address			4. FEI Number			oplied For	4
21		26			59-2569164			ot Applicable	4
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional equired	
City & Stat	te	City & State			6. Election Campaign Financing		\$5.00	Мау Ве	
23		28			Trust Fund Contribution		Added	to Fees	
Zìp	Country	Zip	Country		8. This corporation owes or has p	\ <u>-</u>			
24	25	29	30		Personal Property Tax due Juni		<u> </u>	No	_
	9. Name and Address of Curren	t Registered Agent	-		10. Name and Address of New R	egistered /	Agent		4
	'MEARA, ROEBRT F.		81	Name					
76	S52 ASHLEY PARK CT		82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	TE #305								_
01	RLANDO FL 32835		83						
			84	City			85 Zip	Code	7
	VE BUY BUY					FL		,	1
11. Pursuant office or	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations.	2 and 607.1508, Florida Statul of Florida, Such change was	es, the above- authorized by t	named corporation	oration submits this statement for the on's board of directors. I hereby acce	purpose of opt the appo	changing il sintment as	is registered registered	
ı agent. I a		alions of, Section 607.0505, Fi	orida Statutes.		•				1
			orica Statutes.						
SIGNATURE.	Signature, typed or printed name of registered age	int and title if applicable. (NOT	E. Registered Agent		ed when reinstating)	DATE		,	
SIGNATURE.	Signature, typed or printed name of registered age OFFICERS ANI	int and title if applicable. (NOT	E. Registered Agent			DATE	DIRECTOR	RS IN 12	
SIGNATURE. 12. TITLE	Signature, typed or printed name of registered age OFFICERS ANI	int and title if applicable. (NOT	E. Registered Agent 13.		ed when reinstating)	DATE		,	
SIGNATURE. 12. TITLE NAME	Signature, typed or printed name of registered age OFFICERS ANI DP O'MEARA, ROBERT F.	int and title if applicable. (NOT D DIRECTORS	E. Registered Agent 13. 1,1 TITLE 1,2 NAME	signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12	
SIGNATURE. 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS ANI DP O'MEARA, ROBERT F. 7652 ASHLEY PARK CT, STE	int and title if applicable. (NOT D DIRECTORS	13. 1,1 TITLE 1,2 NAME 1,3 STREET A	signature require	ed when reinstating)	DATE	DIRECTOR	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS ANI DP O'MEARA, ROBERT F.	int and title if applicable. (NOT D DIRECTORS DELETE #305	13. 1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY - ST.	signature require	ed when reinstating)	DATE	DIRECTOF Change	RS IN 12	
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14. I hereby certify that the information indicated on this annual report of sofficer or director of the corporation Block 12 or Block 13 if changes. 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 upplemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in