**PROFIT** CORPORATION ANNUAL REPORT

1997



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

M.P. Good - VP-Finance

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 11 1997 8:00am Secretary of State

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DOCUMENT #

(4)

HOME QUARTERS WAREHOUSE, INC.								
Principal Place of Business 575 LYNNHAVEN PARKWAY VIRGINIA BEACH VA 23452		Mailing Address 575 LYNNHAYEN PARKWAY VIRGINIA BEACH VA 23452-7311		E SQUAREN 1991 MARY HERBY ARIEN BITES	I BELK BYBIL BIBIL BELL	it aniitt ais	33 MARIT CRAI	
					3. Date Incorporated or Qualified 10/21/1986		f Last Re 9/1996	
. Frincipal	Place of Business	2a. Mailing Address			4. FEI Number			plied For
		26			54-1387161		No	t Applicable
Suite, Ar	ot #, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	□ <b>\$</b>	<b>8.75</b> A	dditional guired
City & St	ate	City & State			6. Election Campaign Financing		\$5.00	
		[28]			Trust Fund Contribution		Added t	
Zip T	Country	Zip	Coun	try	6. This corporation has liability for			1 <b>9</b> 9.032,
l	25   9. Name and Address of Currer	29	30	······································	Florida Statutes  10. Name and Address of New F	Yes N		
	CT CORPORATION SYSTEM	it negistered Agent		Name	IU. Name and Address of New Y	Anatoren vaa	<del>'''</del>	
	1200 S. PINE ISLAND ROAD							
	PLANTATION FL 33324			Street Add	dress (P.O. Box Number is Not Accept	able)		
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			Ļ		ANNO LIGHT AND		-1 /	
			1*	City		FL	5 Zip (	Jode
	et to the provisions of Sections 607.050 or registered agent, or both, in the State I am familiar with, and accept the oblig							
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ignaturi <b>2.</b> Ile	E. Ship share, typind or peritiso name of regulatored age OFFICERS AN	ent and title if applicable	(NOTE: Registered 13.	Agent signature req	uired when reinstating)	DATE ICERS AND DI		S IN 12
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