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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

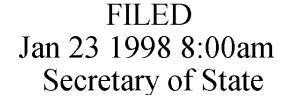
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P34678

(3)

DOWNEN FURNITURE CORP.



Principal Place of Business 223 COLUMBIA DR SUITE 318 CAPE CANAVERAL FL 32920		Mailing Address				. 1864,861 (86 (1)(1) 81818 61111 1	2681 1611 B1911 A191		1) PIEN WIEN 1961			
			223 COLUMBIA DR SUITE 316 CAPE CANAVERAL FL 32920				DO NOT WRITE IN THIS SPACE					
US			IS					te Incorporated or Qualit	fied			
								<u>17/08/1991</u>			···	
	lace of Business	- ⊢	Mailing Address					Number		-	Applied For	
Suite Apt # etc.		26	Suite, Apt. #, etc.					37-1216605		\$8.7	Not Applicab 5 Additional	В
22		27	¬				5. Ce	rtificate of Status Desired	d \square	+	e Required	
City & State			City & State				6. Election Campaign Financing		ng	\$5.	00 May Be	_
23		28					Tru	ist Fund Contribution			led to Fees	
Zip	Country		Zip Cour					s corporation owes or ha				
24	25		29 3		0			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				_
	9. Name and Address of Curren	nt Regist	ered Agent		81	Name	10. Na	me and Address of Ne	w Registered /	agent		-
	OWNEN, CHARLES				ا'°	Ivanie						
	3 COLUMBIA DR				82	Street A	Address (P.O.	Box Number is Not Acce	eptable)			
	NTE 316				83				_			
C#	APE CANAVERAL FL 32920			ļ								
					84	City			FL	85	Zip Code	
11. Pursuant	to the provisions of Sections 607.050	2 and 60	7.1508, Florida Statu	tes, the at	I	-named	corporation su	ibmits this statement for	the number of	changii	ng its registere	ď
office or r	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florid	la. Such change was Section 607 0505. El	authorized lorida Stat	d by utes	the corp	oration's boar	d of directors. I hereby a	accept the app	ointmen	t as registered	
Į.	land blee		CHA	RLES		Dow			1-15-98	,		
SIGNATURE	Signature typed or printed name of registered age	ent and title				nt signature	required when reins		DATE			-
12.	OFFICERS ANI	D DIREC		13.			ADD	DITIONS/CHANGES TO C	OFFICERS AND			
TITLE	CP DELETE			1	1.1 TITLE					[] Char	nge 🔲 Additio	ın
NAME	DOWNEN, CHARLES			1.2 NA								
STREET ADDRESS	1545 N BANANA RIVER DRIV	VE				ADDRESS						
CITY-ST-ZIP	MERRITT ISLAND FL STD		DELETE		1.4 C(TY - ST - ZIP 2.1 T(TLE				···············	Char	nge 🔲 Additio	
NAME	DOWNEN, CHARLES F	VID			2.2 NAME					L	, <u> </u>	
STREET ADDRESS	1545 N BANANA RIVER DR					ADORESS						
CITY-ST-ZIP	MERRITT ISLAND FL			2.40								
TITLE	WEINIT IOSAID IE		☐ DELE TE	3.1 10		,, , , ,				Char	nge 🔲 Additio	n
NAME			•	3.2 NA								
STREET ADDRESS						address						
CITY-ST-ZIP				3.4. CI	1Y-S	iT- ZIP						
TITLE			DELETE	4.1 10	LE					Char	nge 🔲 Addilio	'n
NAME				4.2 N	AME							
STREET ADDRESS				4.3 ST	REET	address						
CITY-ST-ZIP				4.4 CI	TY - S	1- <i>2</i> (P						
TITLE			☐ DELET E	5.1 111	LE					Char	ige 🔲 Additio	'n
NAME				5.2 NA	ME							
STREET ADDRESS				5.3 ST	REET	ADORESS						
CITY-ST-ZIP				5.4 CI		T-ZIP					P-1 2 7 1111	
TITLE			☐ DELET E	6.1 10	LE					Char	nge Additio	Ð
NAME				6.2 NA	ME							
STREET ADDRESS				6.3 St	REET	ADDRESS						

14. I 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 or an attachment with an address.

6.4 CITY-ST-ZIP

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