

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000037996**
1. Corporation Name **ICON FURNITURE SERVICES, INC.**

Principal Place of Business **10267 NW 53 ST
SUNBEL, FL. 33351**
Mailing Address **10267 NW 53 ST
SUNBEL, FL. 33351**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
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3. Date Incorporated or Qualified **5/29/93**
3a. Date of Last Report
4. FEI Number **65-0415369**
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN CUELLAR
10267 NW 53 ST.
SUNBEL, FL. 33351

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 of Registered Agent or Registered Agent in Charge

Signature of Registered Agent or Registered Agent in Charge

DATE

12. OFFICERS AND DIRECTORS

TITLE **Pres. Dir.** ☐ DELETE
NAME **JOHN CUELLAR**
STREET ADDRESS **10267 NW 53 ST**
CITY-ST-ZIP **SUNBEL, FL. 33351**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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-05/22/96--01004--021
*****225.00**

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, a shareholder 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, in my right, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN CUELLAR, President

5-8-96

749-4303

CR2E034 (12/95)