

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

FILED

Apr 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000048624 (9)

1. Corporation Name

HAWORTH COUNTRY FURNITURE, INC.



Principal Place of Business

6206 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308

Mailing Address

6206 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308-1804

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

02/13/1996

2. Principal Place of Business

21 5185 NW 15th Street

Suite, Apt. #, etc.

22 City & State

23 Margate, FL

24 Zip 33003

Country

25 USA

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

27 City & State

28

City & State

29 Zip

Country

30

4. FEI Number

65-0424009

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

KROBATSCH, WAYNE  
6206 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Wayne KROBATSCH  
82 Street Address (P.O. Box Number is Not Acceptable)  
5185 NW 15th Street  
83  
84 City Margate FL 85 Zip Code 33003

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

Wayne Krobatsch

Resident

4-15-97

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KROBATSCH, WAYNE	
STREET ADDRESS	6206 NORTH FEDERAL HIGHWAY	
CITY-ST-ZIP	FT. LAUDERDALE FL 33308	
TITLE	VTSD	<input type="checkbox"/> DELETE
NAME	KROBATSCH, PAMELA	
STREET ADDRESS	6206 NORTH FEDERAL HWY	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wayne Krobatsch	
1.3 STREET ADDRESS	5185 N.W. 15th Street	
1.4 CITY-ST-ZIP	Margate, FL 33003	
2.1 TITLE	Director, Vice President, Sec. Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Pamela KROBATSCH	
2.3 STREET ADDRESS	5185 NW 15th Street	
2.4 CITY-ST-ZIP	Margate, FL 33003	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

Wayne Krobatsch

4-15-97

954-913-8312

Date

Daytime Phone #

CR2E034 (9/96)