Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90215 007 \*\*\*150.00

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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secre ary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000077355

1. Corporation Name

FURNITURE SERVICE AMERICA, INC.

Principal Flace of Business		Mailing Address	Mailing Address					
16614 SADDLE CLUB RD. 16614 SADDLE CLUB RD.								
FT LAUDERDALE FL 33326 FT LAUDERDALE FL 33326						DO NOT WRITE IN THIS SPACE		
us us						3. Date Incorporated or Qualifed		
						11/03/1993	İ	
* B3-3-15	No. of Divisions	2a. Mailing Address					polied For	
1646 NODELL DARK DR THE 1645 NODEH DA				۲K	DR.		o: Applicable	
21 1343 NORTH PARA DR. 26 1343 NORTH PARA DR. Suite, Apt. #, etc. Suite, Apt. #, etc.							f.dditional	
22 103 27 103				_		LE Cortife ate of Status Desired	equired	
City & State City & State					, , , , , , , , , , , , , , , , , , , ,	May Be		
23 FT.					$_{-}^{\mathrm{FL}}$	Trust Fund Contribution Added to Fees		
Zip	Country Zip Country			-		8. This corporation owes the current year Intangible		
24 3332	26 25 US	29 33326 30	US	3		Personal Property Tax. Yes	□No	
	9 Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registered Agent		
CDE	TENE MICHAEL C		'	81	Name		{	
GREENE, MICHAEL S					Street A to	Iress (P.O. Box Number is Not Acceptable)		
201 S BISCAYNE BLVD						<u> </u>		
SUITE 900				83				
MIA	MI FL 33131			84	City	85 Zip	Code	
				04	City	FL   "   = "		
office or i	to the provisions of Sactions 607.050 registered agent, or both, in the State am familiar with, and accept the obligation	of Florida. Such change was author	onzed	by th	named cor ne corpor i	poration submits this statement for the purpose of changing it ion's board of directors. I hereby accept the appointment as re-	₃ registered ∋c istered	
SIGNATURE							\	
	Signature, typed or printed name of registered age			lgent s	signature requi	ed when reinstating) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR		
TITLE	D	☐ DELETE	1.1 TITL			□ Change	- Addition 5	
NAME	ANNETT, CHARLES	1.2 N/					[ 5	
STREET ADORESS				REETA	DDRESS		ļ ŭ	
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CIT		Y-ST-	ZIP			
TITLE		☐ DELETE	2.1 TITLE			☐ Change	Addition C	
NAME			2.2 NAME					
STREET ADDRESS	2.33		2.3 STR	REETA	DDRESS		1	
·CITY-ST-ZIP~			2.4 CIT	Y-ST-	ZIP			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET		ODRESS		1	
CITY-ST-ZIP				Y-ST-				
TITLE		☐ DELETE	4.1 TITLE		<del></del>	☐ Change	Addition	
NAME			4. 2 NAI				}	
STREET ADORESS					ADDRESS			
			•	4.4 CITY-ST-ZIP				
C/TY-ST-ZIP	· _		5.1 TITL		-	☐ Change	Addition	

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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRE 3S

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR INTINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4/22/99

954-349-1515

☐ Change

☐ Addition