SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 JUL 27 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000083882 (9)**

1. Corporation Name
IDEAL FURNITURE, INC.

Principal Place of Business	Mailing Address
292 ARROWHEAD LANE MELBOURNE BEACH FL 32954	292 ARROWHEAD LANE MELBOURNE BEACH FL 32954

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/02/1993
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 59-3225346 ☐ 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

CUTLER, WILLIAM
292 ARROWHEAD LANE
MELBOURNE BEACH FL 32954

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CUTLER, WILLIAM	12 NAME	
STREET ADDRESS	292 ARROWHEAD LANE	13 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32954	14 CITY-ST-ZIP	
TITLE	DP	21 TITLE	☐ Change ☐ Addition
NAME	CUTLER, ANGELA	22 NAME	
STREET ADDRESS	292 ARROWHEAD LANE	23 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32954	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	CUTLER, JAMES	32 NAME	
STREET ADDRESS	292 ARROWHEAD LANE	33 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32954	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CUTLER, THOMAS	42 NAME	
STREET ADDRESS	292 ARROWHEAD LANE	43 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32954	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	CUTLER, DANIEL	52 NAME	
STREET ADDRESS	292 ARROWHEAD LANE	53 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32954	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	CUTLER, WILLIAM J	62 NAME	
STREET ADDRESS	292 ARROWHEAD LANE	63 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE BEACH FL 32954	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Angela Cutler 7/19/95 407 722 1219
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
ANGELA CUTLER

0016027 CP