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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400033054

1. Corporation Name

MID-FLORIDA TEXTILES AND FURNISHINGS, INC.

11110 1 20	THO TEXTILE OF THE TO											
Principal Plac	e of Business	Mailing Addres	Mailing Address					1 (521162) 114 (611) 61611 46111 66111	40111 40120 111		. 21/11 2/61 1001	
4677 L. B. MC	LEOD ROAD	4677 L. B. MCLI	77 L. B. MCLEOD ROAD				J					
SUITE G SUITE G												
ORLANDO FL 32811 ORLANDO FL 32811							-	DO NOT WRITE	IN THIS SI	PACE_		
								3. Date Incorporated or Qualifed 04/28/1994				
2. Principal F	Place of Business	2a. Mailing Add	26					4. FEI Number		A	oplied For	
21		26						59-3256432 Not Applie				
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.					5. Certificate of Status Desired		•	Additional equired	
City & Sta	te	City & State	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28	28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip	Zip Country				[8. This corporation owes the currer	it year Intan	gible		
24	25	29	[s	30				Personal Property Tax.		Yes	□No	
	9. Name and Address of Cur	rent Registered Agent	t		Ĺ.			10. Name and Address of New Re	gistered Aç	jent		
					81	Name					i	
DOWMAN, WALTER					82 Street Address (P.O. Box Number is Not Acce				lo)			
	31 PRIEBE ROAD					Sireer	Audies	S (F.O. BOX Rumber is Not Acceptab	10,			
CLE	RMONT FL 34711					83						
					84	City			FL	85 Zip	Code	
office or	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Florida: Such cha ligations of, Section 607	inge was au 7.0505, Florid	thorized da Stati	utes.	the corpo	ofation's	tion submits this statement for the p s board of directors. I hereby accept	the appoint	nent as n	s registered	
	Signature, typed or printed name of registered	· 	(NOTE: I		Agen	t signature r	equired wi	nen reinstating)	DATE			
12.	,			13.				ADDITIONS/CHANGES TO OFFI			ORS IN 12 Addition	
TITLE	P	_		1	1.1 TITLE				ł] Change	ייטעונטטא ניי	
NAME	DOWMAN, WALTER J				2 NAME		{				i	
STREET ADDRESS			•		.3 STREET ADDRESS		ļ				i	
CITY-ST-ZIP	CLERMONT FL 34711	<u></u> _		1.4 CITY-5		ZIP				7.04	A st reton	
TITLE		Ц	DELETE	2.1 TITLE				ce president		Change	Addition	
NAME	ţ	2.3		2.2 N	22 NAME		KIC	hard A. Budnik				
STREET ADDRESS				2.3 \$	TREET	ADDRESS	í .	y Shady Lane Drive				
CITY-ST-ZIP				2.4 C	ITY-S	T-ZIP	cr)	ander FL 328VY				
TITLE			DELETE	3.1 TI	TLE		Secu	Hay / treasurer RY Li Arwin	[Change	Addition	
NAME				3.2 N	AME		GA~	ry Li Arwin				
STREET ADDRESS	i			3.3 \$1	IREET	ADDRESS		Lyttm circle			İ	
CITY-ST-ZIP				3.4. C	ITY-S	T-ZIP	on	ando FL 32824				
TITLE	}		DELETE	4.1 TI	TLE		}	•	I	Change	Addition	
NAME				4. 2 N	AME						لفنسموسب	
STREET ADDRESS		pro Seria		4.3 S1	TREET	ADDRESS						
CITY-ST-ZIP				4.4 C	TY-ST	-ZIP	L					
TITLE			DELETE	5.1 77			}		J	Change	☐ Addition	
NAME				5.2 N)					
STREET ADDRESS	;			5.3 S1	TREÉT	ADDRESS	l					
CITY-ST-ZIP				5.4 C1	TY-ST	-ZIP	[
TITLE			DELETE	6.1 71	TLE		1	. — – -	-1	Change	☐ Addition	
NAME				6.2 N	AME							
STREET ADDRESS				6.3 %	REET	ADDRESS	ļ				ļ	
						. 7IP	i					

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

SIGNATURE:

DOWNER 3/8/91 (40) YZZ-5X