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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000073603 (0)

DOCUMENT #  1. Corporation Name	P94000073603	(0)
MEL YODER FURNIT	URE, INC.	

Country

9. Name and Address of Current Registered Agent

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Principal Place of Business 1239A PORTER ROAD SARASOTA FL 34240

2. Principal Place of Business

YODER, MELVIN

1239A PORTER ROAD SARASOTA FL 34240

Suite, Apt. #. etc.

City & State

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Zip

Mailing Address

2a. Mailing Address

City & State

Zip

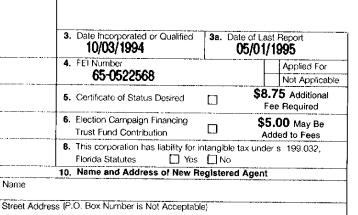
Suite, Apt. #, etc.

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1239A PORTER ROAD SARASOTA FL 34240



84 City Zip Code 85 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.

Country

81 Name

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	h, and accept the obligations of, Section	607.0505, Florida Statutes	,	to of directors. I hereby accept the appointment as registered agent. I am
SIGNATURE _	Signature typed or printed hance of registered agont and t	Ittle if annincable (NC)	TE: Rogistered Agent signatura requires	Suban reperiation
12.	OFFICERS AND DIRECTORS		13,	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	☐ DELETE	1. 1 TITLE	Change Addition
NAME	YODER, MELVIN		1.2 NAME	
STREET ADDRESS	1239A PORTER ROAD		13 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34240		14 CHY-ST-ZIP	
TITLE		☐ DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2 3 STREET ADDRESS	
CHTY-ST-ZIP			2 4 CITY - ST - ZIP	
TITLE		☐ DELETE	3 1 TILLE	· Change
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		DELFTE	4 1 TOTLE	Change Addition
NAME [			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CiTY-ST-ZIP	
TITLE		DELETE	5 1 TITLE	Change Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-S1-ZIP	
TITLE		[] DELETE	6. 1 TITLE	Cnange Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREFT ADDRESS	
CITY-ST-ZIP			6.4 0/TY- \$1 - Z/P	

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 eath; 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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SI NG OFFICER OR DIRECTOR 6-3-96 941-378-4494

CR2E034 (12/95)