

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90196 030 ***150.00

DOCUMENT # P94000079525

1. Corporation Name

PREOWNED FURNITURE, INC.

Principal Place of Business
11605-21 CLEVELAND AVENUE
FORT MYERS FL 33907

Mailing Address
11605-21 CLEVELAND AVENUE
FORT MYERS FL 33907

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1994

4. FEI Number

65-0556938

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 owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ROTH, JOSEPH E CPA
8695 COLLEGE PARKWAY
SUITE 305
FT MEYERS FL 33919

R. STANFORD PETTYS
11605-21 CLEVELAND AVE
FT MEYERS FL
33907

10. Name and Address of New Registered Agent

81 Name: R. STANFORD PETTYS
82 Street Address (P.O. Box Number is Not Acceptable)
5171 WESTERN DR.
83
84 City: ST. JAMES CITY FL 85 Zip Code: 33956

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 607.0503, Florida Statutes.

SIGNATURE

R. STANFORD PETTYS

2-5-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE: D
NAME: PETTYS, R
STREET ADDRESS: 5171 WESTERN DRIVE
CITY-ST-ZIP: ST. JAMES CITY FL 33956

DELETE

TITLE: D
NAME: PETTYS, BERYL P
STREET ADDRESS: 5171 WESTERN DRIVE
CITY-ST-ZIP: ST. JAMES CITY FL 33956

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Change

Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

Beryl P. Pettys

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-99

Date

941 2753667

Daytime Phone #

CR2E034 (1/98)