

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 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90050 006 \*\*\*150.00

**DOCUMENT # P95000005650**

1. Corporation Name

**QUALITY FURNITURE REPAIR CO., INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

525 ROPER PARK WAY  
OCOE FL 34761  
US

525 ROPER PARK WAY  
OCOE FL 34761  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SHUSTER, RANDY L  
404 TRANQUILLE OAKS DRIVE  
OCOE FL 34761

3. Date Incorporated or Qualified

01/01/1995

4. FEI Number

59-3265597

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

10. Name and Address of New Registered Agent

81 Name

DAVID G. ANDREONE

82 Street Address (P.O. Box Number is Not Acceptable)

1050 CHASE DR.

83

84 City

WINTER GARDEN FL

85 Zip Code

34787

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

*David G. Andreone*

2-4-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP  
NAME SHUSTER, RANDY L  
STREET ADDRESS 404 TRANQUILLE OAKS DRIVE  
CITY-ST-ZIP OCOEE FL 34761

TITLE S  
NAME SHUSTER, TAMIE L  
STREET ADDRESS 404 TRANQUILLE OAKS DRIVE  
CITY-ST-ZIP OCOEE FL 34761

TITLE P  
NAME ANDREONE, DAVID G  
STREET ADDRESS 2500 MEADOWVIEW CIRCLE  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE T  
NAME ANDREONE, PATRICIA M  
STREET ADDRESS 2500 MEADOWVIEW CIRCLE  
CITY-ST-ZIP WINDERMERE FL 34786

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP  
1.2 NAME SHUSTER, RANDY L  
1.3 STREET ADDRESS 1144 BRANDY LAKE VIEW CIRCLE  
1.4 CITY-ST-ZIP WINTER GARDEN FL 34787

2.1 TITLE S  
2.2 NAME SHUSTER, TAMIE L  
2.3 STREET ADDRESS 1144 BRANDY LAKE VIEW CIRCLE  
2.4 CITY-ST-ZIP WINTER GARDEN FL 34787

3.1 TITLE P  
3.2 NAME ANDREONE, DAVID G.  
3.3 STREET ADDRESS 1050 CHASE DR  
3.4 CITY-ST-ZIP WINTER GARDEN FL 34787

4.1 TITLE T  
4.2 NAME ANDREONE, PATRICIA M  
4.3 STREET ADDRESS 1050 CHASE DR.  
4.4 CITY-ST-ZIP WINTER GARDEN FL 34787

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

*David G. Andreone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-99

Date

Daytime Phone #

CR2E034 (11/98)