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PROFIT CORPORATION ANNUAL REPORT 1999



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

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 525 ROPER PARK WAY
 OCOEE FL 34761 OCOEE FL 34761
 US US

3. Date Incorporated or Qualified
01/01/1995

4. FEI Number Applied For
59-3265597 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

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
OCOEE FL 34761

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	<input type="checkbox"/> DELETE
NAME	SHUSTER, RANDY L	
STREET ADDRESS	404 TRANQUILLE OAKS DRIVE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHUSTER, TAMIE L	
STREET ADDRESS	404 TRANQUILLE OAKS DRIVE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDREONE, DAVID G	
STREET ADDRESS	2500 MEADOWVIEW CIRCLE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDREONE, PATRICIA M	
STREET ADDRESS	2500 MEADOWVIEW CIRCLE	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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* **2-4-99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)