

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000010333 (9)

1. Corporation Name

FURNITURE CONSIGNMENT CENTER, INC.



Principal Place of Business

585 N. ATLANTIC AVE  
COCOA BEACH FL 32931  
US

Mailing Address

585 N. ATLANTIC AVE  
COCOA BEACH FL 32931  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1995

4. FEI Number

59-3295574

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 or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

LOPEZ, SANDRA  
585 N. ATLANTIC AVE  
COCOA BEACH FL 32931

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LOPEZ, SANDRA

200 S BANANA RIVER BLVD #1701

COCOA BEACH FL 32931

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LOPEZ, JAMES

200 S BANANA RIVER BLVD #1701

COCOA BEACH FL 32931

☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ 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.

CR2E034 (10/97)

Form **7004**(Rev. July 1997)  
Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time  
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation

Employer identification number

**FURNITURE CONSIGNMENT CENTER, INC.****59-3295574**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions)

**585 N. ATLANTIC AVE.**

City or town, state, and ZIP code

**COCOA BEACH, FL 32931**

Check type of return to be filed:

- |                                      |  |  |  |                                       |
|--------------------------------------|--|--|--|---------------------------------------|
| <input type="checkbox"/> Form 1120   | <input type="checkbox"/> Form 1120-FSC | <input type="checkbox"/> Form 1120-ND  | <input type="checkbox"/> Form 1120-REIT        | <input type="checkbox"/> Form 1120-SF |
| <input type="checkbox"/> Form 1120-A | <input type="checkbox"/> Form 1120-H   | <input type="checkbox"/> Form 1120-PC  | <input type="checkbox"/> Form 1120-RIC         | <input type="checkbox"/> Form 990-C   |
| <input type="checkbox"/> Form 1120-F | <input type="checkbox"/> Form 1120-L   | <input type="checkbox"/> Form 1120-POL | <input checked="" type="checkbox"/> Form 1120S | <input type="checkbox"/> Form 990-T   |

Form 1120-F filers: Check here if you do not have an office or place of business in the United States

☐**1a** I request an automatic 6-month (or, for certain foreign corporations, 3-month) extension of timeuntil **SEPTEMBER 15, 1998**, to file the income tax return of the corporation named above for ☒ calendar year **1997** or ☐ tax year beginning \_\_\_\_\_, 19\_\_\_\_, and ending \_\_\_\_\_, 19\_\_\_\_.**b** If this tax year is for less than 12 months, check reason:

- ☐
- Initial return
- ☐
- Final return
- ☐
- Change in accounting period
- ☐
- Consolidated return to be filed

**2** If this application also covers subsidiaries to be included in a consolidated return, complete the following:

Name and address of each member of the affiliated group	Employer identification number	Tax period

**3** Tentative tax**3** 0.**4** Credits:

- a** Overpayment credited from prior year
- b** Estimated tax payments for the tax year
- c** Less refund for the tax year applied for on Form 4466
- e** Credit from regulated investment companies
- f** Credit for Federal tax on fuels

4a	
4b	
4c	( )

Bx1▶

4d

4e

4f

**5** Total. Add lines 4d through 4f**5** 0.**6** Balance due. Subtract line 5 from line 3. Deposit this amount electronically or with a Federal Tax Deposit (FTD) Coupon**6** 0.

Signature. - Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

*James L. Cribari*

(Signature of officer or agent)

CPA

(Title)

3/13/98

(Date)

JWA For Paperwork Reduction Act Notice, see instructions.

Form 7004 (Rev. 7-97)

Florida Department of Revenue

Photocopies of this form are not acceptable

**Florida Tentative Income / Franchise and Emergency Excise Tax Return and Application for Extension of Time to File Return**

F-7004  
R. 01/97

You Must Write  
Within the Boxes

(example) **0 1 2 3 4 5 6 7 8 9**

Form your numbers as shown and write one number per box.

If Typing, Type  
Through the Boxes.

(example) **0 1 2 3 4 5 6 7 8 9**

Name Furniture Consignment Center, Inc.  
Address 585 N. Atlantic Ave.  
Address \_\_\_\_\_  
City/State/Zip Cocoa Beach, FL 32931

Taxable Year End:

**12-31-97**

**FILING STATUS**  
(Mark "X" in one box only)

Corporation ☒ Partnership ☐

Tentative  
Tax Due  
(See Below)

DOLLARS CENTS  
Office Use Only

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct, and that I am:

Sign Here: James L. Wickard, CPA  
Date: 3/12/98

Make checks payable and mail to:  
Florida Department of Revenue  
5050 W Tennessee Street  
Tallahassee FL 32399-0135

**300502**

Mark (X) here if you transmitted funds electronically... ☐

F-7004  
R. 01/97

**Six Month Extension of Time Request**

1. Tentative amount of Florida tax for taxable year	1.	0.
2. LESS: Estimated tax payments for taxable year	2.	0.
3. Balance due -- 100% of the tax tentatively determined due must be paid with this extension request	3.	0.

Transfer the amount in Line 3 to Tentative Tax Due above.

**Information For Filing Form F-7004**

When to file -- File this application on or before the original due date of the taxpayer's corporate income tax or partnership return.

**Penalties for failure to pay tax --** If a payment of tax is required with this application, failure to make such payment will void any extensions of time and subject the taxpayer to penalties and interest for failure to file a timely return(s) and pay all taxes due.

Signature -- Form F-7004 must be signed by a person authorized by the taxpayer to do so, and who is either (a) an officer or partner of the taxpayer, (b) a person currently enrolled to practice before the Internal Revenue Service, or (c) an attorney or C.P.A. qualified to practice before the IRS under P.L. 89-332.

A. Has Form 7004 or 8736 been filed with Internal Revenue Service for the above taxable year? Yes ☒ No ☐

If the answer is "Yes," attach a copy of Form 7004 or 8736 when the F-1120 or F-1065 is filed. If the answer is "No," complete item B.

B. If applicable, state in detail the reason the extension is needed:

C. Does this application also cover subsidiaries to be included in a FL consolidated return? Yes ☐ No ☒

If the answer is "Yes," attach a statement with the name, address, and FEIN of each subsidiary to be included.

D. Type of federal return filed: 1120S