## 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 # P95000023596 (6)

BRONSTEIN'S FINE FURNITURE OF FLORIDA, INC.

## FILED Apr 22 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						a tobsides tip (pint altit abite prist abite distrable ties at the attention and the same and th			
3401 N. 12TH AVE. PENSACOLA FL 32503		PENSACOLA FL 32503				DO NOT WRITE IN THIS SPACE			
						Date Incorporated or Qualified     03/23/1995			
2. Principal	Place of Business	2e. Mailing Address 26	——————————————————————————————————————			4. FEI Number 62-1606864		pplied For ot Applicable	
Suite, Ap	l. #, <b>el</b> c.	Suite, Apt. #, etc.	<del></del>			5. Certificate of Status Desired	s Desired S8.75 Additional Fee Required		
City & St	ate	City & State	City & State			6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution			
Zip	Country	Zip	L Cou	untry		8. This corporation owes or has paid the			
24	25	29	30	T		Personal Property Tax due June 30.		X) No	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Register	ed Agent		
CT CORPORATION SYSTEM				81	Name				
	200 <b>\$</b> . Pine Island Rd. Lantation FL 33324				Street Add	dress (P.O. Box Number is Not Acceptable)			
				83					
				84	City		B5 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 AT	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12	
TITLE	-		1.1 T	TLE			Change	☐ Addition	
NAME	<b>B</b> RONSTEIN, MICHAEL I		1.2					ļ	
STREET ADDRESS			1.3 STRE		ADDRESS			i	
CITY-ST-ZIP	MOBILE AL 36608		1.4 C	1.4 CITY-ST-ZIP					
TITLE	D	☐ DELETE	DELETE 2.1 TE				☐ Change	☐ Addition	
NAME	BRONSTEIN, KATHY M							1	
STREET ADDRESS			2.3 \$	2.3 STREET ADDRESS					
CITY-ST-ZIP	MOBILE AL 36608		2.40	CITY - S	ST - ZIP				
TITLE		☐ DELE <b>TE</b>	3.1 T	ITLE			Change	Addition	
NAME	†		3.2 N	AME					
STREET ADDRESS	6		3.3 S	TREET	ADDRESS			ļ	
CITY-ST-ZIP					ST-ZIP			1 4 100	
TITLE		L_ DELETE	4.1 T				☐ Change	☐ Addition	
NAME				NAME				-	
STREET ADDRESS	5		1		ADDRESS			ļ	
CITY-ST-ZIP		D pc: 555		ITY-S	T-ZIP			Addition -	
TITLE		☐ DELETE	5.1 T				☐ Change	Addition	
NAME			5.2 A					j	
STREET ADDRESS	6				ADDRESS			1	
CITY-ST-ZIP		Dr. Fre	_	ITY-S	T-ZIP		D 01	Addition -	
TITLE		☐ DELETE	6.1 T				L Change	☐ Addition	
NAME			6.2 N						
STREET ADDRESS	5		6.3 S	TAEET	ADDRESS			į	
CITY-ST-ZIP			6.40	HY-S	T-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 altagement with an address.

CR2E034 (10