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FILED  
Apr 24 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000034342 (2)

1. Corporation Name

THE FINEST CONSIGNMENT FURNITURE, INC.



Principal Place of Business

811 HIGHWAY 98 EAST, SUITE 32  
DESTIN FL 32541

707 Highway 98E #A  
Destin, FL. 32541

Mailing Address

811 HIGHWAY 98 EAST, SUITE 32  
DESTIN FL 32541-2701

707 Highway 98E #A  
Destin, FL. 32541

2. Principal Place of Business

21 707 Highway 98E #A  
Suite, Apt. #, etc.

22 Destin FL  
City & State

23 32541  
Zip

24 Country  
25 Oklahoma

2a. Mailing Address

26 707 Highway 98E #A  
Suite, Apt. #, etc.

27 Destin FL  
City & State

28 32541  
Zip

29 Country  
30 Oklahoma

3. Date Incorporated or Qualified

05/03/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3313057

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OWEN, DAVID A  
743 HWY 98 EAST, SUITE 5  
DESTIN FL 32541

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

TITLE ☐ DELETE

NAME: P  
MILLER, SHERRY J.  
STREET ADDRESS: 305 JUNIPER ST  
CITY-STATE-ZIP: DESTIN FL

TITLE ☒ DELETE

NAME: T  
SAVATINO, ARTHUR J.  
STREET ADDRESS: 811 HWY 98  
CITY-STATE-ZIP: DESTIN FL

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE ☐ DELETE

NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE:

Sherry J. Miller - President  
Signature (typed or printed name of signing officer or director)

Date

Daytime Phone

0498281

CR2E034 (9/96)