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CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT** #

## **FILED** Apr 24 1998 8:00am Secretary of State

P95000035358 (7) THE BEST FURNITURE SERVICE, INC. Principal Place of Business Mailing Address 10348 NORTHWEST 15TH STREET 10348 NORTHWEST 15TH STREET CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 05/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0580088 Not Applicable Suite, Apt. #, etc. Suite Ant # etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 VARILLAS, RAFAEL 10348 NORTHWEST 15TH STREET Street Address (P.O. Box Number is Not Acceptable) 82 **CORAL SPRINGS FL 33071** 83 84 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 harrie of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE VARILLAS, RAFAEL 1.2 NAME NAME 10348 NORTHWEST 15TH STREET STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL 33071 CITY - ST - ZIP 1.4 CITY - ST - ZIP DELETE 2 1 TITLE Change Addition TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change ☐ Addition 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - \$1 - ZIP DELETE Change TITLE 4 1 TITLE Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHTY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ DELETE 61 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP

14. Thereby 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 of 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 or an accurate with an address.

. You llos

SIGNATURE:

4-20-98