FILED Apr 01, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000050589

1. Corporation Name

FURL FIL	OLDINGS, INC.										
Principal Place of Business Mailing Address							A HORHWOOL HAD HELDE BEING BENNE DE	III BBUU BBUU B	AIRKI OBERI ERIOI		
1405 ADDISON RD 1405 ADDISON AVE											
ARCADIA FL 34266-180 ARCADIA FL 33821											
US US							DO NOT WRITE IN THIS SPACE				
						3	Date Incorporated or Qualifed 06/27/1995				
2. Principal Pl	ace of Business	2a. Mailing Address				4	I. FEI Number		Ap	plied For	
21	26					59-3330169			t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			- 5	6. Certifcate of Status Desired		\$8.75 A		
22		27	Other B. Charles							1	
City & State	<del>e</del>	City & State	¬ ´			6	5. Election Campaign Financing		\$5.00 Added t	• 1	
23 Tim	Country	28	Zip Country			٠,	Trust Fund Contribution  This corporation owes the curr	ont year Int		101663	
Zip	_ `			_			Personal Property Tax.	ent year mia	angible □Yes	□No	
24	9. Name and Address of Current		30	<u>4</u>			). Name and Address of New I	Registered /			
AAV/				81	Name		<u> </u>				
MYERS, HARRIS L 5515 41ST AVE E				82	Street Ad	dress (	P.O. Box Number is Not Accepta	able)			
BRADENTON FL 34208				83							
				84	City			FL	85 Zip (	Code	
107 0500 1007 4500 Florido Statuto					named se	rnoratie	on submits this statement for the			registered	
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.								gistered			
SIGNATURE											
				egistered Agent signature required 13.			when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
12.	D OFFICERS AN	DELETE	1.1 111	n e			ADDITIONO ON ANOLO TO CI	TIOE NO 7 III	Change	Addition	
NAME	PEARCE, FREDERIC C JR		1.2 NA							_	
STREET ADDRESS	NAME OF A ADDIOUNT DO			1,3 STREET ADDRESS							
CITY-ST-ZIP		DO 4 DI 4 DO 004		1.4 CITY-ST-ZIP							
TITLE			2.1 TITLE					Change	Addition		
NAME	-		2.2 NAME								
STREET ADDRESS	640 TREMONT ST		2.3 ST	2.3 STREET ADDRESS					•		
CITY-ST-ZIP	ALDIAGET EL A1016		2.4 CI	2.4 CITY-ST-ZIP			* * *		·		
TITLE			3.1 ग्रा	3.1 TITLE					☐ Change	Addition	
NAME	MYERS, HARRIS L 34		3.2 NA	ME				•			
STREET ADDRESS	5515 41ST AVE E		3.3 ST	3.3 STREET ADDRESS			,				
CITY-ST-ZIP	BRADENTON FL 34208		3.4. CI	3.4. CITY-ST-ZIP							
TITLE	DELETE		4.1 TIT	4.1 TITLE					Change	☐ Addition	
NAME	4.2		4. 2 N	1. 2 NAME							
STREET ADDRESS	4.3 \$		4.3 STREET ADDRESS								
CITY+ST-ZIP				TY-S	T-ZIP	,			·		
TITLE			5.1 TIT	TITLE			—·		☐ Change	☐ Addition	
NAME			5.2 NA	ME							
STREET ADDRESS			1		TADDRESS			_			
CITY-ST-ZIP				5.4 CITY-ST-ZIP				·			
ΠΠLE □ DELETE				5.1 TITLE					☐ Change	☐ Addition	
NAME		,	6.2 N	ME							

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 supplier entitle 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.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS