


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 # P 96 00005824			
1. Corporation Name Keys Furniture Sales Sellers INC aka Southern Furniture Sales J. Botanical Nursery			
Principal Place of Business US# 1 Mile Marker 10.5 Big Coppitt Key West FLA 33040		Mailing Address PO BOX 5429 Key West FLA 33045	
2. Principal Place of Business 21 Southern Furniture		2a. Mailing Address 27 PO BOX 5429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State 23 Key West Fla		27 City & State 28 Fla 33045	
Zip 24 33045		Country 25 MONROE	
29		30	
9. Name and Address of Current Registered Agent Fred B Sellers JR US# 1 Mile Marker 10.5 Big Coppitt Key West FLA 33040			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 000002911090--S -06/21/99--01145--013 84 City ****150.00			
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 Fred B Sellers JR 5/99 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE Fred B Sellers JR <input type="checkbox"/> DELETE		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Pres.		12 NAME	
STREET ADDRESS US# 1 Big Coppitt Key West		13 STREET ADDRESS	
CITY-ST-ZIP Fred B Sellers <input type="checkbox"/> DELETE		14 CITY-ST-ZIP	
TITLE VP		21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME same		22 NAME	
STREET ADDRESS same		23 STREET ADDRESS	
CITY-ST-ZIP same		24 CITY-ST-ZIP	
TITLE Fred Sellers <input type="checkbox"/> DELETE		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Truman		32 NAME	
STREET ADDRESS same		33 STREET ADDRESS	
CITY-ST-ZIP same		34 CITY-ST-ZIP	
TITLE same <input type="checkbox"/> DELETE		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE same <input type="checkbox"/> DELETE		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE same <input type="checkbox"/> DELETE		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99 3052447370
Date Day/Time Phone #

CR2E034 (11/98)