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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # P95000065783 (9)

SO. FLORIDA/CAROLINA FURNITURE FACTORY OUTLET, I NC.

FILED Feb 02 1998 8:00am Secretary of State



Principal Place of Puninces								II	<u> </u>				
Principal Place of Business Mailing Address										•			
4511 SUMMIT WEST PALM					4511 SUMMIT BOULEVARD WEST PALM BEACH FL 33415								
										DO NOT WRIT		SPACE	
										Incorporated or Qualified 18/1995			
2. Principal P	lace of Busi	ness		2	2a. Mailing Address					4. FEI Number			pplied For
21				26	26				6	5-0606830		N	lot Applicable
Suite, Apt.	#, e1c.				Suite, Apt. #, etc.					ificate of Status Desired			Additional
22				27	City P. State								Required
City & State	е			-	City & State					tion Campaign Financing			May Be
Zip			DU ntry	- 28						t Fund Contribution			to Fees
24		25	00 III y	26	ר י	30	, , , , , , , , , , , , , , , , , , ,	,		corporation owes or has ponal Property Tax due Jur	,		ntarigible □ No
24]	o Name		ddress of Curr				Υ			ne and Address of New R			
RD.	ADY, GEO				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		81	Name			•		
								 					
	11 SUMMIT							82 Street Address (P.O. Box Number is Not Acceptable)					
VYE	OI FALM	DEAUI	1 FL 33415				83	 			<u> </u>	 	
							L]					
							84	City			Fl	85 Zip	Code
44 Pureupot	to the provis	ione of	Sections 607 0	SO2 and	607 1508 Florida 9	Statutas tha	abov	e-named	corporation sub	mits this statement for the			its registered
office or re	epistered at	aent, or	both, in the Sta	te of Flo	orida. Such change i	was authoriz	ed be	y the cor	poration's board	of directors. I hereby acc	ept the ap	pointment as	s registered
agent. I a	ım femiliar w	ith, and	accept the obli	gations	of, Section 607.050	5, Florida St	atute	S.					
SIGNATURE	Signature tupos	or puote	d name of registered a	and and t	allo if austicable	(NOTE: Beniste	red An	ent signature	required when reinsta	tina	DATE		
12.	Signature types	OI DI NO	OFFICERS A			13		ork alg-tation		TIONS/CHANGES TO OFF		ID DIRECTO	RS IN 12
TITLE	D				DELETE		TITLE	•				Change	
NAME	BRADY,	GEOF	RGE D		, ,		NAME						
STREET ADDRESS			BOULEVARD					ADDRESS					
CITY-ST-ZIP			BEACH FL 334	115			CITY-S						
TITLE			y BRAD		☐ DELETE		TITLE		WAFSI	SENT-WILLIAM UMMIT BOUL Ilm Beach, fl	BRADY	Change	Addition Addition
NAME				'		22	NAME		U511 S	WHIT BOUL	EUNAL	\	
STREET ADDRESS						23	STREET	ADDRESS	WELL D	In Bock U	2-11		
CITY-ST-ZIP						2 4	CITY-	ST-ZIP	00 (3 0).	الما المحادة الما الما	7341)	
TITLE					☐ DELETE	3.1	TITLE					Change	Addition
NAME						3.2	NAME						
STREET ADDRESS						3.3	STREET	ADDRESS					
CITY-ST-ZIP						3.4.	CITY-	ST-ZIP					
TITLE					DELETE		THTLE					☐ Change	Addition
NAME						4. 2	NAME						
STREET ADDRESS						4.3	STREET	ADORESS					
CITY-ST-ZIP	<u></u>					4.4	CITY-S	61 - ZIP					
TITLE					☐ DELETE	5.1	TITLE					Change	Addition
NAME						5.2	NAME						
STREET ADDRESS						5.3	STREET	ADDRESS					
CITY-ST-ZIP						5.4	CITY-S	ST - ZIP			<u> </u>		
TITLE					☐ DELETE	6.1	TITLE					Change	☐ Addition
NAME						6.2	NAME						
STREET ADDRESS						6.3	STREET	ADDRESS					
CITY-ST-ZIP	_					6.4	CITY-S	ST - ZIP					
14. I hereby o										0.07(3)(i), Florida Statutes.			
indicated	on this annu	al repo	ort ar supplemen	ital annu	ual report is true and	d accurate a d to execute	nd thi this	at my sig report as	nature shall hav	e the same legal effect as apter 607, Florida Statules	if made u	nder oath; th	nat Lam an

SIGNATURE /1/4/ Lin / Sur

1110/98

\$61-626-7077