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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90005 030 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065783

SO, FLORIDA/CAROLINA FURNITURE FACTORY OUTLET, I

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Principal Place	e of Business	Mailing Address				
4511 SUMMIT BOULEVARD 4511 SUMMIT BOULEVARD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 334					DO'NOT WRITE IN THIS SPACE	•
					3. Date Incorporated or Qualifed 08/18/1995	
2 Principal Pl	lace of Business	2a. Mailing Address				lied For
21		26			65-0606830 Not	Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			\$8.75 Ac	dditional
22		27			5. Certificate of Status Desired	uired
City & State	θ	City & State			6. Election Campaign Financing 55.00 N	/lav Be
23		28			Trust Fund Contribution Added to	
Zip	Country	Zip	C	ountry	8. This corporation owes the current year Intangible	
24	25	29	30		Personal Property Tax.	□No
<u>- 1</u>	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
	and the	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		81 Name	;	
	DY, GEORGE D	REPORTS 1 2	- 1	82 Street Add	ress (P.O. Box Number is Not Acceptable)	<u>.</u>
4511 SUMMIT BOULEVARD WEST PALM BEACH FL 33415			:	: [t grantes and a give some and the wife some	Carrier
WE2	FALM BEAUTIFE 33415	;		83		拟电影
			•	84 City	85 Zip Co	ode
and the co	38	1 2 1571.		<u> </u>	<u>FL </u>	a gistara d
.11. Pursuant office or ragent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida S of Florida. Such change v tions of, Section 607.0505	Statutes, the vas authoriz 5, Florida St	e above-named corporati ted by the corporati tatutes.	poration submits this statement for the purpose of changing its r ion's board of directors. I hereby accept the appointment as regi	istered
SIGNATURE					·	· .
	Signature, typed or printed name of registered ager	nt and title if applicable.	(NOTE: Register	ered Agent signature require	ed when reinstating) 🗧 👜 📜 DATE	
12.	OFFICERS AN	nt and title if applicable.	(NOTE: Register	ared Agent signature require	ed when reinstating) \$\frac{1}{12\lambda_{\text{\chi}}}\$ DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF	
12.	OFFICERS AN	nt and title if applicable.	(NOTE: Register	ored Agent signature require 3.	ed when reinstating) \$\frac{1}{12}(\lambda_1)\$ DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF	RS IN 12
12. TITLE NAME	P BRADY, WILLIAM	nt and title if applicable.	(NOTE: Register 1: 1: 1.1	3. 1 TITLE 2 NAME	ed when reinstating) \$\frac{1}{12\lambda \lambda \rightarrow \frac{1}{12\lambda \lambda \rightarrow \frac{1}{12\lambda \righ	RS IN 12
12. TITLE NAME STREET ADDRESS	P BRADY, WILLIAM 454 SUMMIT BLVD	nt and title if applicable.	(NOTE: Register 1: 1.1 1.2 1.3	ared Agent signature require 3. 1 TITLE 2 NAME 3 STREET ADDRESS	ed when reinstating) \$\frac{1}{12\lambda \lambda \rightarrow \frac{1}{12\lambda \lambda \rightarrow \frac{1}{12\lambda \righ	RS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, WILLIAM	nt and title if applicable. ID DIRECTORS DELET	(NOTE: Register 1: TE 1.1 1.2 1.3	ared Agent signature require 3. TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	ed when reinstating) 5 (1994) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF (1997 (1997)) □ Change	RS IN 12
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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

6.2 NAME

6.4 CITY-ST-ZIP

SIGNATURE:

NAME