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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000078100 (1)

F & M UNCLAIMED FURNITURE, INC.

Principal Place of Business

Mailing Address

FILED May 01 1998 8:00am Secretary of State



	5071 EDGEWATER DR 5071 EDGEWATER DR ORLANDO FL 32810 ORLANDO FL 32810				
US		US		DO NOT WRITE IN THIS S	SPACE
				3. Date Incorporated or Qualified	
9 Principal P	Place of Business	2a. Mailing Address		10/09/1995	
ล์ 50า	15 day when to	26 567 Eck	Jeduater	4. FEI Number	Applied For
Sulte, Apt.	# etc.	Suite, Apt. #, etc.	Jewar t	59-3341487	Not Applicable
22		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	arao, FC	City & State	H.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
zij328	10 Country onge	29 329/8 3c	Country drye	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent-year Intangible
	9. Name and Address of Cur		<u> </u>	10. Name and Address of New Registered /	
MOBLEY, MARCIA G 81 Name					
2004 MINION DD 301.9 RESC OF Show ON DE				Address (P.O. Box Number is Not Acceptable)	
WINTER PARK FL 32789 Gardo FL				Address (F.O. Box Number is Not Acceptable)	
		1 32810	83		
			84 City		lati za osas
			,	FL	85 Zip Code
11, Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose of	changing its registered
agent. I a	egistered lightt, orzhoth, in the Sti i m familia ciwah, and acpept the ob	ate of Fiorida, Such change was auti ligations of, Section 607,0505, Florid	norized by the corp la Statules.	poration's board of directors. I hereby accept the appr	ointment as registered
SIGNATURE	NEW MO	KIG Co. MODICE		4.22.81	7
	Standard typed or printed alread of registered		egistered Agent signature	required when reinstating) OATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	DP	[] DELETE	1.1 TITLE	DP C ANADA	Change
NAME	MOBLEY, MARCIA G	5 (d)	1.2 NAME	3869 Rose of Sharon Dr orlando, FL 32	-
STREET ADDRESS	3601-MIDIRON-DR	lew address	1.3 STREET ADDRESS	3869 405e of sharen 121	
CITY-ST-ZIP	WINTER PARK FL	·	1.4 CITY - ST - ZIP	orlando, th 32	-816
TITLE		DELETÉ	2.1 TITLE	,	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		L_ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		Doctor	3.4. CITY - ST - ZIP		
TITLE		∟_ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 City - St - ZiP		Channe 13 1440
TITLE		C DECEIE	5.1 TITLE	·	Change Addition
NAME PERCENT APPRICACE			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Address
TITLE		[] DELETE	6.1 TITLE	· ·	Change Addition
NAME OTOGET ADDOCCO			6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP	ertify that the information supplied	with this filing does not qualify for the	64 City-S1-7iP	d in Section 119.07(3)(i), Florida Statutes. I further cer	tify that the information
#ndicated	on this annual report or suppleme	ntal annual report is true and accura	te and that my sig	nature shall have the same legal effect as if made unc	der cath: that Lam an
officer or o	director of the corporation or the re or Block 13 if changed, fir on an ai	oceiver or trustee empowered to exe itachment with an address.	cute this report as	required by Chapter 607, Florida Statutes; and that m	y name appears in