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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

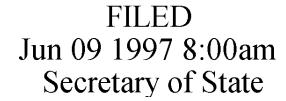
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000080379 (7)

INTERNATIONAL CLASSIC FURNITURE, INC.

Principal Place of Business

Mailing Address





145 W. MARION PUNTA GORDA				145 W. MARION AVENUE PUNTA GORDA FL 33950-4412									
								3. Date Incorporated or Qualified 10/19/1995	3a. Da	te of La 4/199		port	
2. Principal P	lace of Busine	ess	<sub>1</sub>	2a. Mailing Address				4, FEI Number				olied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				65-0614750	614750   Not Applicable   \$8.75 Additional					
22	r, 010,		27				5. Certificate of Status Desired		Fee Required				
City & State	e		City & State					6. Election Campaign Financing \$5.00 May Be					
23			28					Trust Fund Contribution Added to Fees					
Zip		Country	Zip	Country				<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No					
24		25 and Address of Curre	29  ent Registered Agent	30 ent			;	Florida Statutes Li Yos Li No  10, Name and Address of New Registered Agent					
VALV	GHN, VIRINI		All Flogistic Co Agont		81	Name		10, Marile and Address of from the	8.0.0.00	.,,			
	2 CAPTAIN			82 Street Address (P.O. Box			(D.O. Doy Alymber in Not Acceptab	us)					
	TA GORDA I				82	Street	Address	(P.O. Box Number is Not Acceptab	неј				
, 411	wermen!												
					84	City			FL	85	Zip C	Sode	
office or r	regi <b>ste</b> red age	int, or both, in the Stat	02 and 607.1508, Florida te of Florida. Such chang gations of, Section 607.0	e was autho	rized by	/ the corp	corpora poration	tion submits this statement for the p s board of directors. I hereby accep	urnose of	chang cintmer	ing its	registered egistered	
SIGNATURE	Flooring Lond o	r printed name of registered a	and and the Laurinahla	ALCUTE: Goo	istance Ac	al signature		her re-astating)	DATE				
12.	Signature, typhia o		ND DIRECTORS	(NOTE: Hig	13.	n signature	: required w	ADDITIONS/CHANGES TO OFFICE		DIREC	CTOR	S IN 12	
TITLE	DPT		☐ DEL	.ET£	1.1 TITLE	T				Cha		Addition	
NAME	VAUGHN, 1				1.2 NAME								
STREET ADDRESS	24262 CAF		1.3 STREET ADDRESS										
CITY-ST-ZIP		RDA FL 33955			1.4 DITY - 9	T - ZIP							
TITLE	DVS	FAND T	DEL DEL		2.1 TITLE					L Cha	nge	Addition	
NAME	VAUGHN,	IODD 1 IPART BLVD APT [	<b>)</b>			2.2 NAME 2.3 STREET ADDRESS		d.	:				
STREET ADDRESS CITY-ST-ZIP		IRDA FL 33983	,		2.3 STREET 2-4 DITY-								
TITLE	1 Ullin de	IIDA I E 00000	L DEL		31 TITLE	51 • ZIF		· · · · · · · · · · · · · · · · · · ·		☐ Cha	nge	Addition	
NAME					3.2 NAME							i	
STREET ADDRESS				I	3.3 STREET	ADDRESS							
CITY-ST-ZIP					3.4. CITY -	ST-ZIP							
TITLE			☐ DEL	.ETE	4.1 TillE					Cha	nge	Addition	
NAME					4. 2 NAME								
STREET ADDRESS					4.3 STREET								
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		☐ DEL		4.4 CITY - 9 5.1 TITLE	1 - ZIP			·····	☐ Cha	000	Add <sub>i</sub> tion	
TITLE NAME			<b>1_1</b> OCC		5.2 NAME					ماں رے	yo	La Addition	
STREET ADDRESS				•	5.3 STREET	ADDRESS							
CITY-ST-ZIP					5.4 CITY - 9								
TITLE			☐ DEL		6.1 TITLE		l			☐ Cha	nge	Addition	
NAME				Į	6.2 NAME								
STREET ADDRESS				ŀ	6.3 STREET	ADDRESS							
CITY-ST-ZIP					6. <b>9</b> (11)-9	1 - ZIP	<u> </u>						

I do hereby certify that the information supplied with this filling toes not equally for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this supplied in the same legal effect as if made under oath; the tam an officer or director of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the rec

A-30-97 500