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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000084806

1. Corporation Name

S.P. FURNITURE FINISHER, INC.

FILED Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90019 009 ***158.75



Principal Place	e of Business	Mailing Address				┪	S INNESTMENT OF SOME SOURCE SOURCE		I FØ411 DIØØ1 1895	
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MANGONIA PARK FL 33407 MANGONIA PARK FL 33407						DO NOT WRITE IN THIS SPACE				
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2 Principal Pl	lace of Business	2a. Mailing Address					Number		. A	oplied For
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Suite, Apt.	# atc	Suite, Apt. #, etc.			, - <u>+</u>				1	Additional
	#, 6 10.	27				5. Cert	tifcate of Status Desired	$oldsymbol{arDelta}$		equired
22 City & State		City & State				¢ Elec	tion Campaign Financin	,	\$5.00	May Be
23	5	⊢ ′					st Fund Contribution	" □		to Fees
Zip	Country	Zip	Cou	intry		+	corporation owes the cu	rrent vear li		
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24	9. Name and Address of Currer	29 Agent	[30]	Γ	4:		ne and Address of New	Registere	Agent	
	9. Name and Address of Curren	II Vedisteren yanır		81	Name	10, 11011				
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PASTOR, SIGIFREDO 1139 53RD COURT N BAY 1				82	Street Addre	ess (P.O. B	Box Number is Not Acce	ber is Not Acceptable)		
	GONIA PARK FL 33407			-		_				
MAN	GONIA PARK PL 3340/			83						
				84	City				85 Zip	Code
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office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State	of Florida. Such change was	authorized	וז עם ני	named corpo ne corporation	oration sub n's board o	omits this statement for the of directors. I hereby acc	e purpose of the app	of changing its ointment as re	s registered egistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, F	ionua Stat	utes.						
SIGNATURE										
CICITATIONE	The state of the s	A sed title if monlingble (NO	TE: Denietaran	i Agent s	eignature required	when reinstati	tna	DATE		
	Signature, typed or printed name of registered age	, , , , , , , , , , , , , , , , , , , ,		d Agent s	signature required			DATE OFFICERS A	ND DIRECT	ORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.		signature required		ting) TIONS/CHANGES TO C		ND DIRECT(DRS 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: