FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00					7547 (124A)	
PROFIT CORPORATION			FLORIDA DEPARTMENT OF Katherine Harris			
1	JAL REPORT 1999		Secretary of State Division OF CORPORATIONS		SOFEB - 8 MHII: 11	
DOCU 1. Corporatio	MENT # PS	9500008	7347		SECREMAN OF STATE WILL MASSEE, FLORIDA	
FURNITU	JRE DIRECT OUT	LET, INC.				
Principal Place of Business Mailing Address  1280 SOUTH POWERLINE RD. 1280 SOUTH POWERLINE				····	L ING NIGOL ING NATUL OTAH OGAH BUNA BANA DA	
SUITE 189 POMPANO BEACH FL 33069			1280 SOUTH POWERLINE RD. SUITE 189 POMPANO BEACH FL 33069		DO NOT WRITE IN TH	IS SPACE
			<b>1</b>		3. Date Incorporated or Qualifed 11/14/1995	
2. Principal Place of Business		26	2a. Mailing Address 26		4. FEI Number 65-0681598	Applied For Not Applicable
Suite, Apt. #, etc.		27	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		28	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Countr 25	29		Country 30	This corporation owes the current year l     Personal Property Tax.	[]Yes ∏No
	9. Name and Addre	ess of Current Regi	istered Agent	81 Name	10. Name and Address of New Registere	d Agent
1270	S, CAROL F 10 BISCAYNE BLVD.			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
	E 2 <del>03</del> 40/ Ami Fl 33181			83	. · · · · · · · · · · · · · · · · · · ·	
				84 City	<u>F</u>	Zip Code
office or re	egistered agent, or both	, in the State of Flori	607.1508, Florida Statute ida. Such change was au f, Section 607.0505, Flori	thorized by the corpora	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered ointment as registered
SIGNATURE	Signature, typed or printed name	of regis ared agent and title	if applicable (NOTE:	Registered Agent signature req	Fred when reinstating) DAT6	
12.		FFICERS AND DIR	ECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS IN 12
TITLE	D Keys, Carol F		C Decese	1.1 TITLE 1.2 NAME	800002774	#5886
STREET ADDRESS			401	1.3 STREET ADDRESS	-02/15/99-	
CITY-ST-ZIP			□ DELETE	1.4 CITY-ST-ZIP	****150.00	★★★★ 1 5 [] . [] [] Change [] Addition
TITLE NAME			petere	21 TITLE 22 NAME		El cusude El vocitor
STREET ADDRESS				2 3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	2 4 CITY-ST-ZIP 3 1 TITLE		Change Addition
NAME				32 NAME		
STREET ADDRESS				3 3 STREET ADDRESS		
TITLE			☐ DELETE	34. CITY-ST-ZIP 41 TITLE		Change Addition
NAME			<del></del>	4. 2 NAME		
STREET ADDRESS				4 3 STREET ADDRESS		
CITY-ST-ZIP JITLE			□ DELETE	4.4 CITY-S1-ZIP 5.1 TITLE		Change Addition
WHE		,		5.2 NAME		ED 80
STREET ADDRESS				5 3 STREET ADDRESS		
MTY-ST-ZIP			[] DELETE	54 CITY-ST-ZIP 61 TITLE		Change   Addition
TITLE NAME			F1 here is	62 NAME	1,	My Journal Volume
STREET ADDRESS				63 STREET ADDRESS		1000
C/TY-ST-ZIP				64 CITY-ST-ZIP	(	U i

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 of 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:

SIGNATURE AND TYPED OR PROPED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR DIRECTOR