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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 17 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094712 (3)

ASPREE FURNISHINGS INC.

Principal Place of Business		Mailing Address		1 100110001 DIA 10101 DIAN DONA DONA DENI DENI D	
3990 N.W. 31ST AVE. MIAMI FL 33142 US		14539 MEMORIAL HWY. MIAMI FL 33161		DO NOT WRITE IN THIS SPACE	
"				3. Date Incorporated or Qualified	
2 5: 1 15				12/11/1995	
2. Principal P	lace of Business	2a. Mailing Address 26		4. FEI Number	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0630723	\$8.75 Additional
22		27		5, Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the o	current year Intangible Yes No
24	25 Name and Address of Curre	29 3 ent Registered Agent	0	Personal Property Tax due June 30. 10. Name and Address of New Registers	
LAUFER, STEVE A 81 Name					
14539 MEMORIAL HWY.			82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL 33161			Street Add	ress (F.O. Box Number is Not Acceptable)	
			83		
			84 City		85 Zip Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or registered agent, or both, in the State of forida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the updates					
SIGNATURE	Theodell	つ らたし	TE LACK	7-8	'~ 5 p
			Registered Agent signature requi		
12.	OFFICERS AF	ND DIRECTORS DELETÉ	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 Change Addition
NAME	JOHN D BERGGREN		1.2 NAME		
STREET ADDRESS	555 NE 15TH ST, #286		1.3 STREE1 ADDRESS		•
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 TITLE		Change Addition
NAME	STEVE LAUFFE		2.2 NAME		
STREET ADDRESS	14539 MEMORAIL HWY		2.3 STREET ADDRESS		
CITY+ST-21P	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE		LJ DELETE	3.1 TITLE		L. Change L. Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELET E	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		C SECTO	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST- 2IP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change L Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

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 by it 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 one at attachment with a particles.