Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600007340

Country

AMERICAN HOMES FURNITURE, INC.

Principal Place of Business 8112 CORTEZ ROAD WEST BRADENTON FL 34210

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

8112 CORTEZ ROAD WEST BRADENTON FL 34210

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90040 001 ****150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

01/24/1996

65-0640341

4. FEI Number

24	25	[29]		0		Personal Property Tax.		∐ Yes	LijNo
Name and Address of Current Registered Agent						10. Name and Address of	10. Name and Address of New Registered Agent		
		\$100 PER 2015 11 15		81	Name				
KEY TAX SERVICES INC					24	14 (D.O. D. M.)	V- 4-1-1-X		
5500 MARINA DR				82	Street A	Address (P.O. Box Number is Not A	Acceptable)	•	
HOLMES BEACH FL 34217				83		27 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	And the state of t	C 1988 8 1941	
		•					34.4046.65		
		•		84	City		FL	85 Zip	Code
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office or r	registered agent, of	of Sections 607.0502 and 607.150 or both, in the State of Florida. Suind accept the obligations of, Section	ch change was auth	horized by	the corpor	corporation submits this statement ration's board of directors. I hereby	or the purpose of accept the appoi	changing its ntment as re	registered gistered
SIGNATURE								*	
		nted name of registered agent and title if applica			it signature rec	quired when reinstating)(DATE		
12.	T 5 2 2 2 2	OFFICERS AND DIRECTOR		13.		ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE	PSTD		☐ DELETE	1.1 TITLE]	11 1 12 15 15 15 15 15 15 15 15 15 15 15 15 15		☐ Change	☐ Addition
NAME	THOMASON,		l	1,2 NAME					
STREET ADDRESS	8112 CORTEZ ROAD WEST			1.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON	FL 34210		1.4 CITY+\$1	T-ZIP				
TITLE	V		DELETE	2.1 TITLE				Change	☐ Addition
NAME	THOMSON, B	TETH L.	ŀ	2.2 NAME	{				
STREET ADDRESS		Z ROAD WEST	ŀ	2.3 STREET	ADDRESS				
CITY-ST-ZIP	BRADENTON			2. 4 CITY-S	- 1				}
TITLE		Tage Report to the second of	DELETE	3.1 TITLE				Change	Addition
NAME	MA Street or		·	3.2 NAME		•			
STREET ADDRESS	Parties be -			3.3 STREET	ADDDESC				- {
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STREET ADDRESS			• ,	4.3 STREET					}
CITY-ST-ZIP	L			.4.4 CITY-ST	T-ZIP				
TITLE:	1		☐ DELETE	5.1 TITLE	j			☐ Change	☐ Addition {
NAME]	,		5.2 NAME	J				ļ
STREET ADDRESS	ests .	í		5.3 STREET	` 1	-			ĺ
CITY-ST-ZIP	F810			5.4 CITY-\$1	r-ZIP				
TITLE	THUMPHUM		☐ DELETE	6.1 TITLE				Change	Addition
NAME				6.2 NAME	Į				,
STREET ADDRESS	BRATTE TOTAL	11,754		6.3 STREET	ADDRESS				
CITY-ST-ZIP	 ₹ .			6.4 CITY-ST	-zip				{
									

Country

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

1/7/99

(941) 794-1719

CR2E034 (11/98)