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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 18 1997 8:00am

Secretary of State

T ANDREMOT THE TOTAL OTHER DOTAL DOTAL BEAUT ON IN 1988 (1981 ADELL PROPERTY IN 1981).

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000013109 (9)

B & E CUSTOM FURNITURE, INC.

Principal Place of Business Mailing Address			ddress		1864100t 410 18450 Brill BOTH DELLE OMIN ODIBL NIGER INIOL HIGH BRING 1841 1001
1285 HOUSTON ST JACKSONVILLE FL 32204		1285 HOUS JACKSONV	ston St Ville FL 32 <mark>204-1448</mark>		
					3. Date incorporated or Qualified 3a. Date of Last Report
					02/08/1996
	lace of Business	2a. Mailin	g Address		4, FEI Number Applied For
21		26	A H		59-3365383 Not Applicable
Suite, Apt	#, etc.	 	Apt. #. etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	9	27 City 8	Stale		6. Election Campaign Financing \$5.00 May Be
23	~	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	29	30		Florida Statutes Yes No
	9. Name and Address of Curr	rent Registered A	Agent	81 Name	10. Name and Address of New Registered Agent
	nson, Keith H			81 Name	
8810 GOODBY'S EXECUTIVE DR SUITE A				82 Stree	Address (P.O. Box Number is Not Acceptable)
JACH	(SONVILLE FL 32217			83	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.150	8, Florida Statutes,	the above-name	d corporation submits this statement for the purpose of changing its registered
office or re agent. La	egistered agent, or both, in the Sti m familiar with, and accept the ob	ate of Florida. Suc Egations of, Section	ch change was auti on 607.0505, Florid	norized by the co la Statutes.	prporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	•	_			
	Signature, typed or printed name of registered		iolo (NO [*] E R		are recurred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRECTORS	DELETE	13.	PRESIDENT Change X Addition
NAME	PRESIDENT		C descri	1.2 NAME	CECIL E. BROWN
STHEET ADDRESS	CECIL E. BROWN			1.3 STREET ADDRESS	
CITY-ST-ZIP	325 N CHAFFEE	RD. JAX,	FL 3222	0 _{1.4 CITY-ST-ZIP}	325 N CHAFFEE RD, JAX, FL 32220
TITLE	SECRETARY		DELETE	2.1 THILE	SECRETARY Change X Addition
NAME	BETTY L. BROWN			2.2 NAME	BETTY L. BROWN
STREET ADDRESS	325 N CHAFFEE	RD. JAX,	FL 3222	2.3 STREET ADDRESS	325 N CHAFFEE RD. JAX, FL 32220
CITY-ST-ZIP			DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	Change Addition
TITLE			_ DELETE	3.2 NAME	
NAME STREET ADDRESS				3.3 STREET ADDRESS	
CITY-ST 7IP			ľ	3.4. CITY-ST-7IP	,
T TLE			DELETE	4.1 TITLE	Change Addition
NAME				4. 2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	S
CITY-ST ZIP				4.4 CITY - ST - ZIP	Change Addition
TITLE			☐ DELETE	5.1 TITLE	Change Addition
NAME				5.2 NAME 5.3 STREET ADDRESS	
STREET ADDRESS					
T TLE			DELETE	5 4 CITY - ST - ZIP 6 1 TITLE	Change Addition
NAME				62 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	s
CiTY-ST-7IP				6.4 CITY - ST - ZIP	
I informatic	on indicated on this gonual report i	or supplemental a	inaual report is frue	∈and accurate ar	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the nd that my signature shall have the same legal effect as if made under oath; that
l lamiao o	ifficer or director of the corporation	n or the receiver o	r trustee empowere	ed to execute this	s report as required by Chapter 607, Florida Statutes; and that my name
appears i	in Block 12 or Block 13 if changed	i. Or on an anaumi A	ne it with all addle	au.	

ICHATURE 19 H. & Brown Betty L. BROWN 2-14-97 904 354 6333