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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## DOCUMENT # P9600028887 (3)

KEN'S USED FURNITURE & APPLIANCES, INC.

## FILED Apr 13 1998 8:00am Secretary of State

Principal Place of Business Mailing Address						1141 <b>00.12 11591</b> 141		)**** ** <b>*</b> ** ** <b>*</b> **
624 W KING STREET   824 W KING STREET   COCOA FL 32922-8612   COCOA FL 32922-8612								
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
A Dringing I O	Non-al Dunings	1 As Malling Addison			03/27/1996 4. FEI Number		1 14	
2. Principal Place of Business 2a. Mailing Address							———·	pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-3364881	7		ot Applicable Additional
22 27					5. Certificate of Status Desired	× ×		equired
City & State	е	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		•	to Fees
Zip	Country	Zip	Cour	try	8. This corporation owes or has pa			
24	25	[29]	30		Personal Property Tax due June			□ No
<del> </del>	g, Name and Address of Current	Registered Agent		Name	10. Name and Address of New Ro	ega pereraige	int	
Morris, george k				I Ivane				
824 W KING STREET			ſ	Street Add	ess (P.O. Box Number is Not Acceptable)			
co	COA FL 32922-8612		<u> </u>	13				
			Ĺ					
			1	City		FI I	35 Zip	Code
11. Pursuant	to the provisions of Sections 607,0502	and 607.1508. Florida Statu	ites, the abi	ove-named corp	poration submits this statement for the	purpose of ch	l_ anging i	ts registered
office or r	registored agent, or both, in the State or im familiar with, and accept the obliga	of Florida. Such chance was	: authorized	by the cornora	tion's board of directors. I hereby acce	pt the appoint	lmont as	; registered
	in ignino with, and accept in congr	00113 OI, GOOTOIT GOT .05Q5, T	ionga extito	iça.				
SIGNATURE	Signature, typed or preved name of registered agen	tandinated applicable (NO	III Registered	Agent signature requ	ired when reinstating)	DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFI			
TITLE	P	☐ DELE1€	1.1 1111,	E			Change	☐ Addition
NAME	MORRIS, GEORGE K	_	1.2 NAN					
STREET ADDRESS	2956 NEWFOUND HARBOR D	R	4	ET ADDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL 32952	DELFTE		-S1-7IP			Change	Addition
TITLE NAME	ST MODEL	J OCT 15	2 1 TITL 2.2 NAM	i		L	กแขเลิด	L ADDITION
	MORRIS, ALICE L 2956 NEWFOUND HARBOR D	<b>n</b>		EFT ADDRESS				
STREET ADDRESS CITY-ST-ZIP	MERRITT ISLAND FL 32952	n.		Y-SI-ZIP				
TITLE	MEDITI ISPAIN LE 35335	DELETE	3.1 TITL				Change	Addition
NAME		•	3.2 NAN	}				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			I	Y-ST-ZIP				
TITLE		DELETE	4.1 TITL				Change	Addition
NAME			4 2 NAI	AE				
STREET ADDRESS			4.3 STR	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY	- ST-ZIP				
TITLE		DELETE	5.1 TO L	•	- <del></del> -		Change	Addition Addition
NAME			5.2 NAN	F				
STREET ADDRESS			5.3 S1R	ET ADDRESS				
CITY-ST-ZIP		T) proses		- ST- 7IP				11111111
TITLE		L. DELETE	6.1 TITL	i		L	Change	<b>∟</b> Addition
NAME			6.2 NAM	ľ				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP			6.4 CiTY	- ST- ZIP				

14. Thereby 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 suppliemental 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 on 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.

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All in American

3.19.98

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