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 # P97000007069 (2)

CARLIS FURNITURE OF STUART, INC.

OAIL	TOTALIONE OF GIOAITI	ino.			
Principal Place of Business		Mailing Address			1811 1881 8618 6 118 1811 188
399 W. PALMETTO PARK ROAD SUITE 106		399 W. PALMETTO PARK ROAD SUITE 106			
BOCA RATON FL 33432		BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
1				01/22/1997	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		[26]		65-0702634	Not Applicable
Suite, Apt #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Commune of Callos absiled	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		[28]		Trust Fund Contribution	Added to Fees
Zip	Country	- Ζφ	Country	8. This corporation owes or has paid the c	
24	25 9. Name and Address of Curre		30	Personal Property Tax due June 30. 10. Name and Address of New Registere	Yes No
		ut Hebisteted Whent	81 Name	10. Name and Address of New Registere	a Agent
KENNEDY, BENJAMIN S JR. 399 W. PALMETTO PARK ROAD SUITE 106				ess (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33432			83		
			84 City		85 Zip Code
			D4 City	F	L Ba Zip Code
11. Pursuant office or ragent. La	to the provisions of Sections 607.05 egistered agent, or both, in the State on familiar with, and accept the oblig	02 and 607,1508, Florida Statute e of Florida, Such change was au jations of, Section 607,0505, Flor	s, the above-named corp- thorized by the corporation idea Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its registered oppointment as registered
SIGNATURE					Ì
	Signature typod or printed name of regulated as		Registered Agent signature require		
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
- NAME	BAKER, MYRON		1.2 NAME		
STREET ADDRESS	6650 N. FEDERAL HIGHWAY		1.3 STREET ADDRESS		į.
CITY-ST-ZIP	BOCA RATON FL 33487	DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	D DAOIN DORENT	☐ DECEIE	2.1 TITLE		The custine The propinion
NAME	DRAGIN, ROBERT		22 NAME	et,	1
STREET ADDRESS	6650 N. FEDERAL HIGHWAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487	☐ DELETE	2.4 CITY-ST-ZIP		Change Addition
TITLE	D D	□ vereit	3.1 TITLE		Ti Angulou Ti Angulou I
NAME	BAKER, JEFF		3,2 NAME		
STREET ADDRESS	6650 N. FEDERAL HIGHWAY		3 3 STREET ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL 33487	T DELEVE	3.4. CITY-ST-ZIP		Character (Addition
TITLE	D	☐ DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, FRED		4. 2 NAME		
STREET ADORESS	399 W. PALMETTO PARK RO	PAD	4.3 STREET ADDRESS		1
CITY-ST-ZIP	BOCA RATON FL 33432		4.4 CITY-ST-ZIP		
TIFLE	l	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		I DELETE	61 TITLE		Change Addition

6.4 CITY-ST-ZIP 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 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 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.

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE: ..

STREET ADDRESS

02-20- A99

561994 9111

FILED

Feb 25 1998 8:00am

Secretary of State