

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

FILED
Sep 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000011303 (9)

1. Corporation Name

NATHAN ALLAN FURNITURE, INC.



Principal Place of Business

Mailing Address

2709 CRANE TRACE CIRCLE
ORLANDO FL 32837

2709 CRANE TRACE CIRCLE
ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/04/1997

4. FEI Number

59-3431620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 11350 Space Blvd.

Suite, Apt. #, etc.

22 #4

City & State

23 Orlando, FL

Zip

24 32837

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MENAGED, GENEVIEVE
2709 CRANE TRACE CIRCLE
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

82 Genevieve Menaged

83 Street Address (P.O. Box Number is Not Acceptable)

11350 Space Blvd

84 City

Bay 4
Orlando

FL

85 Zip Code

32837

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 Florida. 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

G. Menaged

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/1/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Pres. Genevieve Menaged

STREET ADDRESS 11350 Space Blvd #4

CITY-ST-ZIP Orlando, FL 32837

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002636862

-03/11/98--01025--032

***150.00

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.

SIGNATURE: *G. Menaged*

CR2E034 (10/97)