


**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90029 026 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P97000036224**

1. Corporation Name

**EXOTIC FURNITURE IMPORTS INC.**

Principal Place of Business

7214 NORTH DALE MABRY  
TAMPA FL 33614

Mailing Address

7214 NORTH DALE MABRY  
TAMPA FL 33614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1997

4. FEI Number

59-3120452

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City &amp; State

27 City &amp; State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

STETHEM, RODNEY  
7214 N DALE MABRY  
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

JERRY STETHEM

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

7214 N DALE MABRY

83

TAMPA FL

84 City

FL

85 Zip Code

33614

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Signature, typed or printed name of registered agent and fee applicant

(NOTE: Registered Agent signature required when re-registering)

DATE

12. PRESIDENT OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  
 NAME **RODNEY STETHEM**  
 STREET ADDRESS **3613 WATERS AVE**  
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
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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 **PRESIDENT** ☒ Change ☐ Addition  
 1.2 NAME **JERRY STETHEM**  
 1.3 STREET ADDRESS **7214 N DALE MABRY**  
 1.4 CITY-ST-ZIP **TAMPA FL 33614**

2.1 TITLE **VP** ☐ Change ☒ Addition  
 2.2 NAME **MARK WALTERS**  
 2.3 STREET ADDRESS **7214 N DALE MABRY**  
 2.4 CITY-ST-ZIP **TAMPA FL 33614** ☐ Change ☐ Addition

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

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 637, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-99

Date

Daytime Phone #