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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90152 021 \*\*\*150.00

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| DOCUMENT # | Da-10000  |     |
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| DOCUMENT # | P97000081 | 065 |
|            |           |     |

1. Corporation Name

24

| TRACY'S CUSTOM FURNITURE, INC.                       |  |  |  |  |
|--|--|--|--|--|
| •  | - 1  |  |  |  |
| Principal Place of Business                          | Mailing Address                                      |  |  |  |
| 2920 NW BOCA RATON BLVD<br>BOCA RATON FL 33431<br>US | 2920 NW BOCA RATON BLVD<br>BOCA RATON FL 33431<br>US |  |  |  |
|  |  |  |  |  |
| 2. Principal Place of Business 1<br>21 100 NW 38 57  | A-2 26 Sam &   |  |  |  |
| Suite Ant # etc .                                    | Suite Ant # etc                                      |  |  |  |

| o or business                    | Za. Maining Addicas | . 1 "  | 4. I LI RUMBOI   | İ                 | Applied For                     |  |  |
|----------------------------------|---------------------|--------|--|-------------------|---------------------------------|--|--|
| 1W 28-57 A.2                     | 26 SAM              | 36     | 65-0786075   |                   | Not Applicable                  |  |  |
| Raton, 71a                       | Suite, Apt. #, etc. |        | 5. Certifcate of Status Desired  | 1 1               | 3.75 Additional<br>Fee Required |  |  |
| 131 USA.                         | City & State        |        | 6. Election Campaign Financing Trust Fund Contribution                       |                   | 5.00 May Be<br>Added to Fees    |  |  |
| Country 25                       | Zip C               | ountry | <ol><li>This corporation owes the curre<br/>Personal Property Tax.</li></ol> | nt year Intangibl | _                               |  |  |
| 9. Name and Address of Current R | egistered Agent     | 10     | 10. Name and Address of New Registered Agent                                 |                   |                                 |  |  |

09/18/1997

3. Date Incorporated or Qualifed

WILLIAMS, TRACY L 2920 NW BOCA RATON BLVD **BOCA RATON FL 33431** 

Boca Raton, Fla

|    | 10. Name and Address of New Registered Agent       |
|----|--|
| 81 | Name Williams, Tracy L                             |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | Soca Raton   |
| 84 | FL 85 Zip Code 33431                               |

11. Pursuant to the provisions of Sections 607.0502 and 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

| agent. I ar    | m familiar with, and accept the obligations of, Section 607                   | 7.0505, Florida | a Statutes.                 | oradori s board or dir | ectors. Thereby accept | ше арропи | nent as regi | 316160     |
|----------------|---|-----------------|-----------------------------|------------------------|------------------------|-----------|--------------|------------|
| SIGNATURE      |   | new             | addre                       |                        |                        |           |              |            |
|                | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Rec      | gistered Agent signature re |                        |                        | DATE      |              |            |
| 12.            | OFFICERS AND DIRECTORS  |                 | 13. Oddre55                 |                        | NS/CHANGES TO OFFI     |           |              |            |
| TITLE          |   | DELETE          | 1,1 TITLE                   | PSTO,                  |                        | į         | Change       | ☐ Addition |
| NAME           | WILLIAMS, TRACY L   |                 | 1.2 NAME                    | William                | 15 Tracy L             | •1        | •            |            |
| STREET ADDRESS | 2920 NW BOCA RATON BLVD   |                 | 1.3 STREET ADDRESS          | 100 hw                 | ) ጔቔ ጛዀ                | , .       |              |            |
| CITY-ST-ZIP    | BOCA RATON FL 33431   |                 | 1.4 CITY-ST-ZIP             | BOCA R                 | If note                | 334       | 131          |            |
| TITLE          | . 🗇   | DELETE          | 2.1 TITLE                   | ,                      |                        |           | Change       | Addition   |
| NAME           | L.  |                 | 2.2 NAME                    |                        |                        |           |              | ļ          |
| STREET ADDRESS |   |                 | 2.3 STREET ADDRESS          |                        |                        |           |              | 1          |
| CITY-ST-ZIP    |   |                 | 2.4 CITY-ST-ZIP             |                        |                        |           |              |            |
| TITLE          |   | DELETE          | 3.1 TITLE                   |                        | •                      | . , [     | Change       | ☐ Addition |
| NAME           | ,   |                 | 3.2 NAME                    | •                      |                        |           |              |            |
| STREET ADDRESS |   | 1               | 3.3 STREET ADDRESS          |                        |                        |           |              |            |
| CITY-ST-ZIP    |   |                 | 3.4. CITY-ST-ZIP            |                        |                        |           |              |            |
| TITLE          |   | DELETE          | 4.1 TITLE                   |                        |                        |           | ☐ Change     | Addition   |
| NAME           | •   |                 | 4.2 NAME                    |                        |                        |           |              |            |
| STREET ADDRESS |   |                 | 4.3 STREET ADDRESS          |                        |                        |           |              |            |
| CITY-ST-ZIP    |   |                 | 4.4 CITY-ST-ZIP             |                        | <u> </u>               |           |              |            |
| TITLE          |   | DELETE          | 5.1 TITLE                   |                        | •                      | [         | Change       | Addition   |
| NAME           |   |                 | 5.2 NAME                    |                        |                        |           |              |            |
| STREET ADDRESS |   |                 | 5.3 STREET ADDRESS          | ٠.                     |                        |           |              | l          |
| CITY-ST-ZIP    |   |                 | 5.4 CITY-ST-ZIP             |                        | ·                      |           |              | }          |
| TITLE          |   | DELETE          | 6.1 TITLE                   |                        |                        |           | Change       | Addition   |
| NAME           |   | ,               | 6.2 NAME                    |                        |                        |           |              |            |
| STREET ADDRESS |   |                 | 6.3 STREET ADDRESS          | . •                    | يميد څاه د دديد د      |           |              |            |
| CITY-ST-ZIP    | · ·   | j               | 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 607, 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.