## 4-9-98 B4352 C 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 # P97000107623 (5)

SLUDER FURNITURE SALES, INC.

## **FILED** Apr 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					A PERINTEN NIN JAPEN JARAN BRITA BRITA BRITA BRITA ATRIA BRITA TRAPA BA	NA MART IN INDI
13705 MEADOW OAK DRIVE 13705 MEADOW OAK DR			IVE			
DOVER FL 33527 DOVER FL 33527				DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	
					12/23/1997	
2. Principal Pl	ace of Business	2a, Mailing Address			4. FEI Number	Applied For
21 26					59-3492802	Not Applicable
Suite, Apt. #, etc.					LE Cortificato of Statue Desired	75 Additional
27					Fe Fe	e Required
City & State City & State						.00 May Be
23	Zip Country Zip		Country			ded to Fees
Zip 24	Country Zip 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	g Name and Address of Curre		30		10. Name and Address of New Registered Agent	
SI I	JDER, THOMAS J JR			81 Name		
13705 MEADOW OAK DRIVE				B2 Street Add	tress (P.O. Box Number is Not Acceptable)	
DOVER FL 33527				511661 ACC	JIESS (F.O. DOX NUMBER IS NOT ACCEPTABLE)	
	751112 0002			63		
				84 City	85	Zip Code
					<b>FL</b>   ``	
11. Pursuant 1	o the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the al	ove-named cor	poration submits this statement for the purpose of changation's board of directors. I hereby accept the appointmen	ing its registered   nt as registered
agent. I a	n familiar with, and accept the oblig	jations of, Section 607.0505, Flo	rida Stat	utes.	and a source of an object of the second seco	
SIGNATURE					uired when reinstating) DATE	
	Signature typed or printed name of registered ag	ent and little if applicable (NOTE  ID DIRECTORS	Hogistere	Agent signature requ	uired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
12.	D	DELETE	1.1 T/	TLE	□ Cha	
NAME	SLUDER, THOMAS J JR		1.2 N	1		
STREET ADDRESS	13705 MEADOW OAK DRIVE		1.3 \$1	REET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		1.4 CI	TY-ST-ZIP		
TITLE	D	DELETE	2.1 Tí	TLE	) Cha	ange Addition
NAME	SLUDER, JUDITH W		2.2 N	AME		
STREET ADDRESS	13705 MEADOW OAK DRIVE		2.3 ST	REET ADDRESS		
CITY-ST-ZIP	DOVER FL 33527		2.40	ITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TI	TLE	Cha	ange 🛄 Addition
NAME			3.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP		DELETE		ITY-ST-ZIP	☐ Cha	ange Addition
TITLE		C) Detreit	4111			
NAME			4.21	REET ADDRESS		
STREET ADDRESS				ITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	5.1 Ti		□ Cha	ange Addition
NAME			5.2 N			
STREET ADDRESS				TREET ADDRESS		
CITY-ST-ZIP			1	ITY-ST-ZIP	·	
TITLE		DELETE	6.1 T		□ Ch	ange Addition
NAME			6.2 N	AME		
STREET ADDRESS			6.3 S	TREET ADDRESS		
CITY-ST-ZIP				ITY-ST-ZIP		
	the state of the s	والمناط والمراجع والمستحد والمستحد والمستحدث والمستحدد والمراء والمارين	or the ex	amandian ababad i	in Continu 110 07/3Vi) Florida Statutes I further certify the	at the information

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 turther 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 changes, or on an attachment with an address.

4-3.98