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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000050584

FURODIRECT, INC.

Apr 25, 1999 8:00 am Secretary of State

04-25-1999 90032 038 ***150.00

Principal Place	of Business	Mailing Ad	dress								
9269 PARK BLVD NORTH SEMINOLE FL 33777		9269 PARK BLVD NORTH									
		SEMINOLE FL 33777			DO NOT WRITE IN THIS SPACE						
								N INIS S	PACE		ł
							3. Date Incorporated or Qualifed 06/05/1998				
2 Principal DI	lace of Business	2a. Mailing	Δddress				4. FEI Number		Ap	plied For	{
	iace of Busiliess	26	71001000			Ć.,	59-3516276			t Applicable	Ì
Suite, Apt. #, etc.			Suite, Apt. #, etc.					,	\$8.75		_
22			27				5. Certificate of Status Desired	J	Fee Re	equired	
City & State			City & State				6. Election Campaign Financing		\$5.00	May Be	ĺ
23		28	28				Trust Fund Contribution	J	Added 1		
Zip	Country	Zip		Cou	untry		8. This corporation owes the current	year Inta	ngible		
24	25	29		30			Personal Property Tax.		Yes	□No	
	9. Name and Address of Curren	t Registered A	gent				10. Name and Address of New Regi	stered Á	gent		ļ
					81	Name -					ĺ
	SS, ALAN M	_			82	Street Addr	ess (P.O. Box Number is Not Acceptable)	,			ł
	PROGRESS PLAZA, SUITE 1210)				0,,000,7,000,	(,			
	NETT TOWER				83						
ST P	PETERSBURG FL 33701				84	City	 		85 Zip (Code	ł
					04	City		FL		Jour	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508	, Florida Statut	es, the a	bove-	named corp	oration submits this statement for the pur	pose of c	hanging its	registered]
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida Such	i change was a	uthorized	ด ถง เก	he corporation	on's board of directors. I hereby accept the	e appoint	(ment as re	gistered	
	III lamina with, and accept the oblige		,								l
											1
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable	. (NOTE	: Registered	d Agent s	signature required	d when reinstating)	DATE		<u> </u>	هَ
12.		nt and title if applicable		Registered		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFICE				(00)
						signature required			DIRECTO	PRS IN 12	(44,00)
12.	OFFICERS AN D SOCIANU, CRISTIAN		i	13.	ITLE	signature required					197 (44,00)
12.	OFFICERS AN		i	13. 1.1 Ti 1.2 N	ITLE IAME	signature required					007 744
12. TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN		i	13. 1.1 TI 1.2 N 1.3 S	ITLE IAME	ADDRESS			☐ Change	☐ Addition	007 744
12. TITLE NAME STREET ADDRESS	OFFICERS AND D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7		i	13. 1.1 TI 1.2 N 1.3 S	ITLE IAME ITREET A	ADDRESS					007 744
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772		DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 CI	ITLE IAME TREET A	ADDRESS			☐ Change	☐ Addition	CD0E024 (44,00)
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D		DELETE	13. 1.1 TI 1.2 No 1.3 S' 1.4 CI 2.1 TI 2.2 No	ITLE IAME TREET A ITLE ITLE IAME	ADDRESS			☐ Change	☐ Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER		DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ITLE IAME TREET A ITLE ITLE IAME	ADDRESSZIP			☐ Change	Addition	007 744
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH		DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N	ITLE IAME TREET A TITLE IAME TREET A TITLE TREET A	ADDRESSZIP			☐ Change	☐ Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 TI 1.2 N. 1.3 S 1.4 CI 2.1 TI 2.2 N. 2.3 S 2.4 C	ITLE IAME ITREET A ITLE IAME ITREET A CITY-ST-	ADDRESSZIP			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CC 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N	ITLE IAME ITREET A ITLE IAME ITREET A ITLE ITREET A ITLE ITREET A ITLE IAME	ADDRESSZIP			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 II 1.2 N. 1.3 S 1.4 CI 2.1 II 2.2 N. 2.3 S 2.4 C 3.1 II 3.2 N. 3.3 S	ITLE IAME ITREET A ITLE IAME ITREET A ITLE ITREET A ITLE ITREET A ITLE IAME	ADDRESS -ZIP ADDRESS - ZIP ADDRESS			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 II 1.2 N. 1.3 S 1.4 CI 2.1 II 2.2 N. 2.3 S 2.4 C 3.1 II 3.2 N. 3.3 S	ITLE IAME ITREET A ITLE IAME ITREET A ITLE IAME ITREET A ITLE IAME ITREET A ITLE IAME	ADDRESS -ZIP ADDRESS - ZIP ADDRESS			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI	ITLE IAME ITREET A ITLE IAME ITREET A ITLE IAME ITREET A ITLE IAME ITREET A ITLE IAME	ADDRESS -ZIP ADDRESS - ZIP ADDRESS			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N.	ITLE IAME ITREET A ITTLE IAME ITREET A CITY-ST- ITLE IAME ITREET A CITY-ST- ITLE IAME	ADDRESS -ZIP ADDRESS - ZIP ADDRESS			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 CC 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	ITLE IAME ITREET A ITTLE IAME ITREET A CITY-ST- ITLE IAME ITREET A CITY-ST- ITLE IAME	ADDRESS -ZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S	ITLE TREET A	ADDRESS -ZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS			☐ Change	Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 C 4.1 TI 4.2 N. 4.3 S' 4.4 C 5.1 TI	ITLE TREET A	ADDRESS -ZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S' 3.4 . C 4.1 TI 4.2 N. 4.3 S' 4.4 C 5.1 TI 5.2 N.	ITLE IAME TITLE THE TAME THE THE THE THE THE THE THE T	ADDRESS -ZIP ADDRESSZIP ADDRESSZIP ADDRESSZIP ADDRESS			☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	ITLE IAME TITLE THE TAME THE THE THE THE THE THE THE T	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	144
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777		DELETE DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 TI 3.2 N 3.3 S 3.4 C 4.1 TI 4.2 N 4.3 S 4.4 C 5.1 TI 5.2 N 5.3 S	ITLE JAME TITREET A LITY-ST TITLE JAME JAM	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	007 744
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP,	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK-BLVD NORTH SEMINOLE FL 33777	D DIRECTORS	DELETE DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 CI 3.1 TI 3.2 N 3.3 S 3.4 CI 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI	ITLE JAME TITREET A LITY-ST TITLE JAME JAM	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	007 744
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN D SOCIANU, CRISTIAN 12041 CADIZ PLACE, #7 SEMINOLE FL 33772 D SCHAFFER, ROGER 9269 PARK BLVD NORTH SEMINOLE FL 33777	D DIRECTORS	DELETE DELETE	13. 1.1 II 1.2 N 1.3 S 1.4 CI 2.1 TI 2.2 N 2.3 S 2.4 CI 3.1 TI 3.2 N 3.3 S 3.4 CI 4.1 TI 4.2 N 4.3 S 4.4 CI 5.1 TI 5.2 N 5.3 S 5.4 CI 6.1 TI 6.2 N	ITLE IAME ATTY-ST- ITLE IAME ITTEET A IT	ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP ADDRESS - ZIP			☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition Addition	144

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 of 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. CITY-ST-ZIP

SIGNATURE:

JIREDCRISTIAN SOCIANY