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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000081823

1. Corporation Name

J&OC	ORP. FURNITURE REFINIS	HING AND DECORATING	G				
Principal Place	of Business	Mailing Address			- 1 10031001 510 10101 10111 00111 00111 00	181 1918: 11881 18118	11888 (11) 1881
296 NE 71 STREET 296 NE 71 STREET MIAMI FL 33136 MIAMI FL 33136					DO NOT WRITE IN THIS SPACE		
Į.					3. Date Incorporated or Qualifed		
1					09/18/1998		
Principal Place of Business 2a. Mailing Address					4. FEI Number		plied For
26					65-0871554	\$8.75 A	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	Fee Re	
22 27				- -	6. Election Campaign Financing	\$5.00	
23 28					Trust Fund Contribution	Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year		/
24	25 29 30		10		Personal Property Tax.		IZ No
Name and Address of Current Registered Agent					10. Name and Address of New Registere	d Agent	
PENNOLDS CONOND IN			81 N	ame			
REYNOLDS, OSMOND W 296 NE 71 STREET			82 S	reet Addre	ss (P.O. Box Number is Not Acceptable)		
MIAMI FL 33136			83				
MIMMI FE 33130							
			84 C	ity	F	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	12 and 607.1508, Florida Statutes	s, the above-na	med corpo			registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aut	thorized by the	corporation	ration submits this statement for the purpose I's board of directors. I hereby accept the ap	pointment as rec	jistered
_	m laminal with and accept the oblige		ad diptotos.				
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: F	Registered Agent sign	nature required			
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE	1		☐ Change	☐ Addition
NAME	REYNOLDS, OSMOND	•	1.2 NAME				
STREET ADDRESS	1115 NW 145 ST		1.3 STREET ADDRESS				,
CITY-ST-ZIP	MIAMI FL 33168	☐ DELETE	1.4 CITY-ST-ZIP			Change	☐ Addition
TITLE	D		2.1 TITLE			C. Cribingo	, , , , , , , , , , , , , , , , , ,
NAME	REYNOLDS, JOHN E		2.2 NAME 2.3 STREET ADDRESS		•		
STREET ADDRESS	2743 NW 201 TERRACE MIAMI FL 33056				_		ĺ
TITLE	MINIMI I L 33030	☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME			32 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY-ST-ZIF	,)			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME	}			
STREET ADDRESS			4.3 STREET ADD	RESS			
CITY-ST-ZIP	·		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TΠLE	ł		☐ Change	Addition
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADD				
CITY-ST-ZIP	·	☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	<u> </u>		☐ Change	Addition
THE	i e e e e e e e e e e e e e e e e e e e	J	■ U.1 11/LC	- 1		j juliange	i i vadatadii

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 attacking the with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY+ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CHECK # 1021