07301999-90010-004-$150.00-$150.00

999.

AMOUNT DUE ON OR BEFORE 05/1/1999: $350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

FILED
Jul 30, 1999 8:00 am
Secretary of State
07-30-1999 90010 004 ***150.00
08-16-1999 90008 019 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000084260

1. Corporation Name
19TH STREET FURNITURE, INC.

Principal Place of Business	Mailing Address
~~3947 NW 19TH STREET~~ ~~LAUDERDALE LAKES FL 33311~~	~~3947 NW 19TH STREET~~ ~~LAUDERDALE LAKES FL 33311~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/30/1998

2. Principal Place of Business	2a. Mailing Address
21 3935 NW 19th St.	26 3935 NW 19th St.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lauderdale Lakes, FL	28 City & State: Lauderdale Lakes FL
24 Zip: 33311 25 Country: USA	29 Zip: 33311 30 Country: USA

4. FEI Number: 65-0864913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~CLARKE, GLENN R~~ ~~3947 NW 19TH STREET~~ ~~LAUDERDALE LAKES FL 33311~~	81 Name: Jay R. Abandond 82 Street Address (P.O. Box Number is Not Acceptable): 3935 NW 19th St. 83 84 City: Lauderdale Lakes FL 85 Zip Code: 33311

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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: _____ 7-25-99
Signature, typed or printed name of Registered Agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POST ABANDOND, JAY R ~~3947 NW 19TH STREET~~ LAUDERDALE LAKES FL 33311	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	3935 NW 19th St.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CLARKE, GLENN R ~~3947 NW 19TH STREET~~ LAUDERDALE LAKES FL 33311	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	3935 NW 19th St.	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: _____ 7-21-99 954-736-8080
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #