

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

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90080 012 ***163.75

DOCUMENT # P98000088044

1. Corporation Name
SUN OFFICE FURNITURE, INC.



Principal Place of Business
200 S.W. 12TH AVE.
POMPANO BEACH FL 33069

Mailing Address
200 S.W. 12TH AVE.
POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/14/1998

2. Principal Place of Business
21 910 SW 2nd Place
Suite, Apt. #, etc.

2a. Mailing Address
26 910 SW 2nd Place
Suite, Apt. #, etc.

4. FEI Number
65-9873486

Applied For
Not Applicable

22 City & State
23 Pompano Beach, FL

27 City & State
28 Pompano Beach, FL

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☒ \$5.00 May Be
Trust Fund Contribution Added to Fees

24 Zip 33069 25 Country Broward

29 Zip 33069 30 Country Broward

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCRAE, MITCHELL T
2255 GLADES ROAD, SUITE 405 EAST
BOCA RATON FL 33431

81 Name Irwin Kirsner
82 Street Address (P.O. Box Number is Not Acceptable)
910 SW 2nd Place

84 City Pompano Beach, FL 85 Zip Code 33069

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

Irwin Kirsner, President 1-12-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	KIRSNER, IRWIN
STREET ADDRESS	200 S.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	ST <input type="checkbox"/> DELETE
NAME	REDDITT, JOANNA
STREET ADDRESS	200 S.W. 12TH AVE.
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DPV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kirsner, Irwin
1.3 STREET ADDRESS	910 SW 2nd Place
1.4 CITY-ST-ZIP	Pompano Beach, FL 33069 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	ST <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Redditt, Joanna
2.3 STREET ADDRESS	910 SW 2nd Place
2.4 CITY-ST-ZIP	Pompano Beach, FL 33069 <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin Kirsner, President 1-12-99

Date

Daytime Phone #

CR2E034 (1/98)