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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9900059029 V 1. Corporation Name
WOOD-LAND FURNITURE, INC.

FILED Apr 17, 2000 8:00 am Secretary of State

04-17-2000 90148 008 ***150.00

DUUDZYYX

	e of Business	Mailing Address		_ [,		
i "	A Brown	•				
				DO NOT WRITE IN THIS SPACE .		
			3. Date Incorporated or Qualifed			
•		•		6/30/99		
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Ap	plied For
1174	9 NE ILUST	26 549	NE 164St	65-0930824	No	t Applicable
Suite, Apt.	, lo	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75	Additional
		27		5. Certificate of Status Desired	Fee Re	quired
City & State	9	City & State	@ 0000	6. Election Campaign Financing	\$5.00	May Be
il Hia	m timata	28 MIAMI	Florida	Trust Fund Contribution	Added t	o Fees
Zip	Country	- Zip 2167	Country	8. This corporation owes the current year		
- 331	16 6 25 US H	29 5 5135	30 USA	Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registere	- Agent	
Mag	tin H. Alm	an	di Name	Harry laneux	,	
1-7	an 11= 10	410	82 Street Add	dress (P.O. Box Number is Not Acceptable)	<u>- (-</u>	
110	90 NE 19	7// 5	83	349 NE 164	7,	
01211	rmi B. Fl 3	3162	83		-	
			84 City	H. 634.	85 Zip C	Code
		20 1007 4700 71 11 014		ruami F	L (7) 33	rogiotorod
office or re	egistered agent, or both, in the State	e of Florida. Such change was a	uthorized by the corporat	poration submits this statement for the purpose tion's board of directors. I hereby accept the app	pointment as reg	gistered
agent. I ar	m familiar with, and accept the oblig	ations of, Section 607.0505, Flo	orida Statutes.	3/	27/10	
SIGNATURE	Harry La	neux	: Registered Agent signature requir	5/	2.1700	
. <u>. </u>	Signatur typed or printed pame of registered ag	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
rmle	Des es de la f	DELETE	1.1 TITLE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	☐ Additio
IAME	president		1.2 NAME			_
STREET ADDRESS	Harry Lar	4 ST	1.3 STREET ADDRESS			
CITY-ST-ZIP	1549 NEVE	33762	1.4 CITY-ST-ZIP			
MLE	SOCORTARYS	DELETE	2.1 TITLE		Change	Additio
NAME	DO TOP ARX	candre	2.2 NAME			
STREET ADDRESS	TOUR CHILD IN SIL	·	2.3 STREET ADDRESS			
ŧ		3127	2.4 CITY-ST-ZIP			
CITY-ST-ZIP	- 1941-4 M - , F 1)	□ DELETE	3.1 TITLE		☐ Change	Addition
AME			3.2 NAME			
STREET ADDRESS		•	3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
IIILE I		☐ DELETE	4.1 TITLE		☐ Change	Additio
iAME,			4, 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
ST-ZIP			4.4 CITY-ST-ZIP			
IIILE		☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
-			5.2 NAME			
TTTT ADURESS			5,3 STREET ADDRESS			
ST-ZIP			5.4 CITY-ST-ZIP			
iiiLE		☐ DELETE	6.1 TITLE		Change	Addition Addition
}			6.2 NAME			
			6.3 STREET ADDRESS			
state / ADDINESSI						
ST ZIP			6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR