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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S00218

(5)

SUNBRITE CASUAL FURNITURE, INC.

Principal Place of Business Mailing Address 3019 JOHN YOUNG PKY 3019 JOHN YOUNG PKY ORLANDO FL 32804 ORLANDO FL 32804-4116 3a. Date of Last Report 3. Date Incorporated or Qualified 09/14/1990 10/24/1996 Applied For 2. Principal Place of Business 2a. Mailing Address **FEI Number** 59-3033394 Not Applicable <u>S Ame</u> 26 \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 6. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes ☐ Yes ☐ No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRANDI, LUIGI 3019 JOHN YOUNG PKWY Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 В3 84 City Zip Code 85 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 Segrators, typed or printed hame of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 1.1 TITLE 31118 BRANDI, LUIGI 1.2 NAME NAM: 3019 JOHN YOUNG PKY 1.3 STREET ADDRESS STREET ADDRESS ORLANDÓ FL 1.4 CITY-ST-ZIP CHY-ST-ZIP Change DELETE 2.1 TITLE ■ Addition ST THILE BRANDI, LUIGI 22 NAME 3019 JOHN YOUNG PKY 23 STREET ADDRESS STREET ADDRESS ORLANDO FL 2. 4 CITY - ST - ZIP CITY- ST- ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NALIE 4.3 STREET ADDRESS STREET ADDRESS CITY ST- ZIP 4 4 CITY-ST-ZIP DELETE Addition 51 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZP2 Change Addition DELETE 6.1 TITLE THUE 6.2 NAME NAME 6.3 STREET ADORESS

6.4 CITY-ST-ZIP

14. I do 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:

STREET ADORESS CITY: \$1-7IP

SPANSHE BEQUIRE

5-7-97 407-294-9041

FILED

May 21 1997 8:00am

Secretary of State