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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

Katherine Harris

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

04-22-1999 90120 016 ***150.00

DOCUN 1. Corporation	MENT # S02895	5						
	FURNITURE REPAIR & SA	LES, INC.	ا شهداد اد	<i>.</i> .	·			BII BIBII 1881
4	•							
Principal Place of Business Mailing Address								
6625 35TH STR		6625 35TH STREET NORT	H					
PINELLAS PRK FL 34665 PINELLAS PRK FL 34665						DO NOT WRITE IN THIS SPACE		
•	•					3. Date Incorporated or Qualifed 09/21/1990		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	/ Apr	olied For
21 26						59-3032373	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired	\$8.75 A	
27						5. Certificate of Gratus Desired	Fee Rec	quired
City & State City & State						6. Election Campaign Financing Trust Fund Contribution	\$5.00 i Added to	
Zip	Country Zip			try		8. This corporation owes the current year intangible		
24	25	29	30		<u></u>	Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
DI IO	AU IAMAIDET I		'	81 N	ame			
rubaii, jawdet I. 1345 S Missouri ave			Į	82 Street Address (P.O. Box Number is Not Acceptable)				
SUITE 215								
CLEARWATER FL 34616			[1	83				ļ
CLEARWAILE I'L STOID				84 City			85 Zip C	ode
						F		ragistarad
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorized i	by tne	corporation	ration submits this statement for the purpose i's board of directors. I hereby accept the app	ointment as reg	jistered
SIGNATURE		,						
CIGITATIONE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F				nature required	when reinstating) DATE	NID DIDECTO	DC (N. 40
12.		ND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D SCHAFFER, RICHARD F.	□ oereie	1.7 IIIL				onlings	
NAME	3103 37TH ST N #215				VOECC			
STREET ADDRESS	ST PETERSBURG FL			1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				
CITY-ST-ZIP	□ DELETE			2.1 TITLE			☐ Change	Addition
NAME	,		2.2 NAM	2.2 NAME				
STREET ADDRESS			I -	EET ADD	RESS			
CITY-ST-ZIP			2.4 CIT	Y-ST-ZI	,			
TITLE	☐ DELETE			3.1 TITLE			☐ Change	Addition
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STREET ADDRESS			3.3 STR	EET ADO	DRESS			ļ
CITY+ST-ZIP	·		3.4. CIT	Y-ST-ZI	Р]	···		
TITLE		☐ DELETE	4.1 TITL	Æ			Change	Addition
NAME			4.2 NA	ME				
STREET ADDRESS	•		4.3 STR	REET ADÎ	DRESS			ļ
CITY-ST-ZIP				Y-ST-ZIF	<u> </u>			■ Autobar
TITLE	•	☐ DELETE	5.1 TITL				☐ Change	☐ Addition
NAME			5.2 NAN		VOECÉ			
STREET ADDRESS				REET ADD Y-ST-ZIF	- 1			
CITY-ST-ZIP		☐ DELETE	5.4 CITY 6.1 TITL				☐ Change	Addition
TITLE		□ nerele	6.2 NAM				C Sumile	
NAME				ME REET ADD	XRESS			
STREET ADDRESS				V ST 780	- 1			

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 of 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 of 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 for privan attachment with an address, with all other like empowered.

SIGNATURE: