## 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 May 06, 1999 8:00 am Secretary of State

05-06-1999 90276 023 \*\*\*150.00

DOCUMENT # S40390  1. Corporation Name  BAEZ CUSTOM FURNITURE, INC.					
BAEZ GO	JSTOM FURNITURE, INC.				
Principal Place	of Business	Mailing Address			i 100/iĝiĝ (t. 610)) osiaŭ (11/6 10)/( 40)/ Bizi) alŝi) dran giaj gras, aran 106).
2371 HWY 98 WEST		2371 HWY 98 WEST			
D MARY ESTHER FL 32569		D Mary Esther Fl. 32569			DO NOT WRITE IN THIS SPACE
US		US			3. Date incorporated or Qualifed
					03/22/1991
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For
21		26			59-3059652 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired
City & State		City & State			6. Election.Campaign.Financing \$5.00-May Be
23	-	28			Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr	у	This corporation owes the current year Intangible
24	25	29 30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent	8	4	10. Name and Address of New Registered Agent
WILLIAM BAEZ				1 Name	
2371 HWY 98 WEST UNIT D			8	2 Street A	Address (P.O. Box Number is Not Acceptable)
MARY ESTHER FL 32569			8:	3	
1			_		
			8	4 City	FL 85 Zip Code
Office of F	to the provisions of Sections 607,0502 egistered agent, or both, in the State om familiar with, and accept the obligati	f Florida. Such change was autt	norized b	v the corpo	corporation submits this statement for the purpose of changing its registered ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Ag	ent signature re	equired when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	S	☐ DELETE	1.1 TITLE	1	☐ Change ☐ Addition
NAME	BAEZ, JALEAN		1.2 NAME	:	
STREET ADDRESS	2371 HWY 98 WEST UNIT D		1	ET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569			ST-ZIP	☐ Change ☐ Addition
TITLE	PAET ADA	□ betele	ETE 2.1 TITLE		
NAME STREET ADDRESS	BAEZ, ADA 2371 HWY 98 WEST UNIT D		l .	ET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569		2.4 CITY		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAEZ, WILLIAM-		3.2 NAME	:	
STREET ADDRESS	2371 HWY 98 WEST UNIT D		3.3 STRE	ET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL 32569		3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAM		{
STREET ADDRESS			1	ET ADDRESS	(
TITLE		☐ DELETE	4.4 CITY- 5.1 TITLE		Change Addition
NAME	1		5.1 THE	I	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			5.4 CITY		
TITLE		☐ DELĒTE	6.1 TITLE		☐ Change ☐ Addition

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

NAME

STREET ADDRESS

CITY-ST-ZIP

TRE RECURREN TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

581-6121