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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 CLIMENT #

NAME STREET ADDRESS

CITY-ST-ZIP

101

1. Corporation	TY FURNITURE MANUFAC	\ - /							
Principal Plac	e of Business	Mailing Address				1 11000 11101 11011 010			(10 060 6) 1 00)
4700 NW 15	AV	4700 NW 15 AV							
BAY 4 BAY 4							=		
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 3330 US US			309			DO NOT WRITE	IN THIS SE	ACE	
US		US			3. Date Incorporate 03/26/1991	a or Qualified			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number				pplied For
21	Too or Bushiess	26			65-0253588			ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional	
22		27		5. Certificate of Sta	tus Desired	L	Fee R	equired	
City & State		City & State		6. Election Campai				May Be	
23	28]				Trust Fund Conti	•			to Fees
Zip	Country				8. This corporation	•		/	
24	9. Name and Address of Curren	29	30		Personal Propert	·			_ No
Dir	CUIA, EDWARD	it inagistated Agent		81 Nam		opp Or Hear Tree	jiatorau A	<i>j</i> 01110	
	00 NW 15 AVE								·····
BAY 4				82 Stree	et Address (P.O. Box Number	is Not Acceptabl	e)		
FT LAUDERDALE FL 33309				83					
' '	CHOPERDALE TE GOOD								
				84 City			FL	85 Zip	Code
11. Pursuant office or a agent. I a SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the oblig Signature, typed or printed name of registered ag	ations of, Section 607.0505, F	lorida Stat	tutes.	od corporation submits this sta progration's board of directors ure required when reinstating)	tement for the po . I hereby accep	urpose of c the appoi	hanging i niment as	ts registered registered
12.		D DIRECTORS	13.	- , ,	ADDITIONS/CHAP	NGES TO OFFICE	ERS AND	DIRECTOR	RS IN 12
TITLE	P	DELETE	1.1 TC	TLE			L	Change	Addition
NAME	DICUIA, EDWARD		1.2 N/	AME					
STREET ADDRESS	3082 NW 72 AVENUE		1.3 \$1	REET ADDRESS	ş 				
CITY-ST-ZIP	MARGATE FL		1.4 CI	TY-ST-ZIP					
TITLE	V	☐ DELETE	2.1 TI	TLE			L	Change	Addition
NAME	DICUIA, JAMES		2.2 N/	AME					
STREET ADDRESS	171 SW 79TH AVE		2.3 \$1	REET ADDRESS	3				
CITY-ST-ZIP	MARGATE FL			ITY - ST - ZIP				 	
TITLE	WHITE ANTHONY	☐ DELETE	3.1 Ti				L	Change	Addition
NAME	JULIANO, ANTHONY		3.2 N/						
STREET ADDRESS	9701 NW 2ND ST CORAL SPRINGS FL			REET ADDRESS	·				
CITY-ST-ZIP	8	DELETE		ITY-ST-ZIP			·	Change	Addition
TITLE	JULIANO, KIMBERLY		4.1 TI				L	_1 rumings	FT VOOROU
NAME PROFES ADDRESS	9701 NW 2ND ST		4.2 N		, [
STREET ADDRESS	CORAL SPRINGS FL			REET ADORESS	' 				
CITY-ST-ZIP TITLE	V	DELETE	4.4 CI 5.1 TI	TY-ST-ZIP			5	Change	Addition
NAME	DICVIA, RICHARD		5.1 N		Dicuia		_		
STREET ADDRESS	3082 NW 72 AVE			reet address					
CITY-ST-ZIP	MARGATE FL			TY-ST-ZIP	`				
TITLE		DELETE	6.1 TI		1			Change	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 on the receiver or trustee employed 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. 2/16/20 954-776-3733

FILED

Feb 20 1998 8:00am

Secretary of State