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May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V59489

(7)

1. Corporation Name

A FURNITURE INN, INC.

Principal Place of Business

11039 E COLONIAL DR  
STE B  
ORLANDO FL 32817  
US

Mailing Address

11039 E COLONIAL DR  
STE B  
ORLANDO FL 32817-4534  
US

3. Date Incorporated or Qualified

08/20/1992

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 2230 Alafaya Trail

2a. Mailing Address

26 2230 Alafaya Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Oviedo, FL

27 City & State

28 Oviedo, FL

24 Zip

25 32765

Country

25 Seminole

29 Zip

29 32765

Country

30 Seminole

4. FEI Number

59-3137491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

ROBERTS, HARRY F.  
2230 ALAFAYA TRAIL  
OVIEDO FL 32765

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME ROBERTS, HARRY FREDERICK  
STREET ADDRESS 2230 ALAFAYA TRAIL  
CITY-ST-ZIP OVIEDO FL

TITLE DVTS ☐ DELETE

NAME ROBERTS, DEBRA MARIE  
STREET ADDRESS 2230 ALAFAYA TRAIL  
CITY-ST-ZIP OVIEDO FL

TITLE D ☐ DELETE

NAME HARRY ROBERTS  
STREET ADDRESS 2230 ALAFAYA TRAIL  
CITY-ST-ZIP OVIEDO FL

TITLE D ☐ DELETE

NAME DEBRA MARIE ROBERTS  
STREET ADDRESS 2230 ALAFAYA TRAIL  
CITY-ST-ZIP OVIEDO FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

Robert M. Roberts, V.P. Treas., Sec. 4/29/97 407-359-1083

CR2E034 (9/96)