FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 11:45

DOCUMENT # **537705** **(6)**

1. Corporation Name
CARL'S FURNITURE PLAZA, INC.

Principal Place of Business	Mailing Address
6650 N FEDERAL HWY BOCA RATON FL 33487	6650 N FEDERAL HWY BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/22/1977**
3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business
26 2a. Mailing Address
4. FEI Number: **59-1851006** ☐ Applied For ☐ Not Applicable
22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
23 City & State
28 City & State
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 Zip + 25 Country 29 Zip 30 Country
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KLEIN, RONALD J. C/O SACHS & SAX, P.A. 301 YAMATO RD. #4150 BOCA RATON FL 33431	81 Name: Benjamin Kelsey 82 Street Address (P.O. Box Number is Not Acceptable): 1356 Thatch Palm Drive 83 84 City: Boca Raton FL 65 Zip Code: 33432

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 _____ 3/22/95
Signature(s) typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, FRED	1.2 NAME	
STREET ADDRESS	6650 N. FEDERAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	DRAGIN, ROBERT W.	2.2 NAME	
STREET ADDRESS	6650 N. FEDERAL HWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, MYRON	3.2 NAME	
STREET ADDRESS	6850 N FEDERAL HWY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, TERI B	4.2 NAME	
STREET ADDRESS	6650 N. FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	BAKER, JEFF .	5.2 NAME	
STREET ADDRESS	6650 N. FEDERAL HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ 3.20.95 407 994 8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 32 PM 1:19

DOCUMENT # **539154** **(5)**

1. Corporation Name
APOLLONIA, INC.

Principal Place of Business	Mailing Address
~~C/O IRVING SHIMOFF~~ ~~175 NW 1ST AVENUE 20TH FLOOR~~ ~~MIAMI FL 33128-1633~~ ~~US~~ Apollonia, Inc.	Apollonia, Inc ~~APOLLONIA INC.~~ 2821 LUCERNE AVE MIAMI BEACH FL 33140 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/12/1977	3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-1769114	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 2821 Lucerne Ave	26
Suite, Apt. #, etc. 22 Miami Beach Fla	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33140 Country 25 US	Zip 29 Country 30

9. Name and Address of Current Registered Agent

~~IRVING, SHIMOFF~~
~~175 N.W. 1ST AVENUE~~
~~SUITE 2000~~
~~MIAMI FL 33128~~
change of address only

10. Name and Address of New Registered Agent

81 Name: Irving Shimoff
82 Street Address (P.O. Box Number is Not Acceptable): 201 So. Biscayne Blvd.
83: Suite 3000
84 City: Miami FL 85 Zip Code: 33131

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: Irving Shimoff
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	KESSLER, EDWARD	12 NAME	
STREET ADDRESS	2821 LUCERNE AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	PT	21 TITLE	☐ Change ☐ Addition
NAME	KESSLER, APOLLONIA K.	22 NAME	
STREET ADDRESS	2821 LUCERNE AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	KESSLER, APOLLONIA K.	32 NAME	
STREET ADDRESS	2821 LUCERNE AVEANUE	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above or on an attachment with an address.

SIGNATURE: Apollonia K. Kessler 3-13-95 305/358-7141
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Apollonia K. Kessler