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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # L06423 (2)**

1. Corporation Name  
**ALEXANDERS DISCOUNT FURNITURE OF HOLLYWOOD INC**

Principal Place of Business Mailing Address  
**9900 PINES BLVD.  
PEMBROKE PINES FL 33024** **22841 STATE ROAD 7  
BOCA RATON FL 33428  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/02/1989** 3a. Date of Last Report **06/17/1994**

|    |                                |    |                     |    |  |                                       |
|----|--------------------------------|----|---------------------|----|--|---------------------------------------|
| 21 | 2. Principal Place of Business | 26 | 2a. Mailing Address | 4. | FBI Number   | Applied For                           |
| 22 | Suite, Apt. #, etc.            | 27 | Suite, Apt. #, etc. | 5. | <b>65-0131994</b>  | Not Applicable                        |
| 23 | City & State                   | 28 | City & State        | 6. | Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required |
| 24 | Zip                            | 29 | Country             | 7. | Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees    |
| 25 | Country                        | 30 | Country             | 8. | This corporation has liability for enterprise tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                       |

|  |  |  |  |  |  |    |    |
|--|--|--|--|--|--|----|----|
| 9. Name and Address of Current Registered Agent                  |  |  |  | 10. Name and Address of New Registered Agent |  |    |    |
| <b>GODSKIND, PAUL<br/>7340 NW 35 CT.<br/>LAUDERHILL FL 33319</b> |  |  |  | 81   | Name   |    |    |
|  |  |  |  | 82   | Street Address (P.O. Box Number is Not Acceptable) |    |    |
|  |  |  |  | 83   |  |    |    |
|  |  |  |  | 84   | City   | FL | 85 |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and the agent (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS |                            | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|----------------------------|---|---|
| TITLE                      | <b>D</b>                   | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GODSKIND, PAUL</b>      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>7340 NW 35 CT.</b>      | 1.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            | <b>LAUDERHILL FL 33319</b> | 1.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 2.2 NAME  | <b>500001484935</b>   |
| STREET ADDRESS             |                            | 2.3 STREET ADDRESS                                    | <b>-05/12/95--01008--024</b>                                      |
| CITY - ST - ZIP            |                            | 2.4 CITY - ST - ZIP                                   | <b>****200.00 ****200.00</b>                                      |
| TITLE                      |                            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 3.2 NAME  |   |
| STREET ADDRESS             |                            | 3.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                            | 3.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 4.2 NAME  |   |
| STREET ADDRESS             |                            | 4.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                            | 4.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 5.2 NAME  |   |
| STREET ADDRESS             |                            | 5.3 STREET ADDRESS                                    |   |
| CITY - ST - ZIP            |                            | 5.4 CITY - ST - ZIP                                   |   |
| TITLE                      |                            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                            | 6.2 NAME  | <b>8/7/95</b>   |
| 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 110.07(3)(b), 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: Paul Godskind AS 5/1/95 514-354-0718  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (S, Sec 190.032)