

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P93000029622 (6)**

1. Corporation Name
ALEXANDERS FURNITURE INC - West Palm

Principal Place of Business Mailing Address
1800 S OCEAN DR S-1004 POMPANO BCH. FL 33062 **3040 S. MILITARY TRAIL LAKE WORTH FL 33463-2122 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/19/1993** 3a. Date of Last Report **05/01/1994**
4. FEI Number **1650433588** 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
6. This corporation has liability for franchise fees under a 1994 U.S. Florida Statute Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt # etc 26. Suite, Apt # etc
22. City & State 27. City & State
23. City 25. County 29. City 30. County

9. Name and Address of Current Registered Agent

**JACKSON, ALEXANDER
1800 S OCEAN DR
S-1004
POMPANO BCH. FL 33062**

10. Name and Address of New Registered Agent

B1. Name
B2. Street Address (P.O. Box Number is Not Acceptable)
B3.
B4. City **FL** B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509 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 607.0502 Florida Statutes.

SIGNATURE

Signature of a principal officer or registered agent (Section 607.0502)

Signature of Registered Agent (signature required when registering)

TITLE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP
1. **P. PANCAERI**
PANCAERI, FRANK
5462 RAMBLE RD, SOUTH WAY
LAKE WORTH FL
2. TITLE NAME STREET ADDRESS CITY ST ZIP
3. TITLE NAME STREET ADDRESS CITY ST ZIP
4. TITLE NAME STREET ADDRESS CITY ST ZIP
5. TITLE NAME STREET ADDRESS CITY ST ZIP
6. TITLE NAME STREET ADDRESS CITY ST ZIP
7. TITLE NAME STREET ADDRESS CITY ST ZIP
8. TITLE NAME STREET ADDRESS CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition
2. NAME **PANCAERI**
3. STREET ADDRESS
4. CITY ST ZIP
5. TITLE Change Addition
6. NAME
7. STREET ADDRESS
8. CITY ST ZIP
9. TITLE Change Addition
10. NAME
11. STREET ADDRESS
12. CITY ST ZIP
13. TITLE Change Addition
14. NAME
15. STREET ADDRESS
16. CITY ST ZIP
17. TITLE Change Addition
18. NAME
19. STREET ADDRESS
20. CITY ST ZIP

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******200.00 ****200.00**

EXPIRES BY MAY 1

14. I hereby certify that the information supplied with this filing is substantially furnished and true, not equally for the provisions stated in Section 119.02(1)(b) Florida Statutes. I further certify that the information included 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 registrar or trustee empowered to execute this report as required by Chapter 127 Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: **Frank Pancaeri**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

914-314
[Signature]