

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P94000009804 (3)**

1. Corporation Name  
**601 SHOWROOM, INC.**



Principal Place of Business: **601 NORTH STATE RD. 7 PLANTATION FL 33324**  
Mailing Address: **601 NORTH STATE RD. 7 PLANTATION FL 33317 US**

3. Date Incorporated or Qualified: **02/07/1994**  
3a. Date of Last Report: **02/08/1995**  
4. FEI Number: **65-0478598**  
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: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**LLOYD, JOSHUA  
601 NORTH STATE RD. 7  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name: **META BERK**  
B2 Street Address (P.O. Box Number is Not Acceptable): **601 N STATE RD 7**  
B3 City: **PLANTATION**  
B4 City: **FL** B5 Zip Code: **33324**

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 corporation and the applicable date. Registered Agent signature required when registering.

| 12. OFFICERS AND DIRECTORS |                               | DELETE                   |
|----------------------------|-------------------------------|--------------------------|
| TITLE                      | <b>DVT</b>                    | <input type="checkbox"/> |
| NAME                       | <b>LLOYD, JOSHUA</b>          |                          |
| STREET ADDRESS             | <b>8825 SKYLINE DRIVE</b>     |                          |
| CITY- ST- ZIP              | <b>DELRAY BEACH FL 33446</b>  |                          |
| TITLE                      | <b>DPS</b>                    | <input type="checkbox"/> |
| NAME                       | <b>BERK, STEVEN</b>           |                          |
| STREET ADDRESS             | <b>2752 N.E. 4TH ST.</b>      |                          |
| CITY- ST- ZIP              | <b>POMPANO BEACH FL 33062</b> |                          |
| TITLE                      |                               | <input type="checkbox"/> |
| NAME                       |                               |                          |
| STREET ADDRESS             |                               |                          |
| CITY- ST- ZIP              |                               |                          |
| TITLE                      |                               | <input type="checkbox"/> |
| NAME                       |                               |                          |
| STREET ADDRESS             |                               |                          |
| CITY- ST- ZIP              |                               |                          |
| TITLE                      |                               | <input type="checkbox"/> |
| NAME                       |                               |                          |
| STREET ADDRESS             |                               |                          |
| CITY- ST- ZIP              |                               |                          |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  | Change                   | Addition                 |
|---|--|--------------------------|--------------------------|
| 11 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 NAME   |  |                          |                          |
| 13 STREET ADDRESS                                     |  |                          |                          |
| 14 CITY- ST- ZIP                                      |  |                          |                          |
| 21 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 NAME   |  |                          |                          |
| 23 STREET ADDRESS                                     |  |                          |                          |
| 24 CITY- ST- ZIP                                      |  |                          |                          |
| 31 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 32 NAME   |  |                          |                          |
| 33 STREET ADDRESS                                     |  |                          |                          |
| 34 CITY- ST- ZIP                                      |  |                          |                          |
| 41 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 42 NAME   |  |                          |                          |
| 43 STREET ADDRESS                                     |  |                          |                          |
| 44 CITY- ST- ZIP                                      |  |                          |                          |
| 51 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 52 NAME   |  |                          |                          |
| 53 STREET ADDRESS                                     |  |                          |                          |
| 54 CITY- ST- ZIP                                      |  |                          |                          |
| 61 TITLE  |  | <input type="checkbox"/> | <input type="checkbox"/> |
| 62 NAME   |  |                          |                          |
| 63 STREET ADDRESS                                     |  |                          |                          |
| 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)(k), 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: **STEVEN BERK** 5/20/96 583-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (12/95)