

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073510 (7)

1. Corporation Name

LORD'S QUALITY FURNITURE, INC.



Principal Place of Business

**1312 MARKET CIRCLE
UNIT 7
PORT CHARLOTTE FL 33963**

Mailing Address

**1312 MARKET CIRCLE
UNIT 7
PORT CHARLOTTE FL 33963**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HALL, THOMAS P
3443D TAMAMI TRAIL
PORT CHARLOTTE FL 33952**

3. Date Incorporated or Qualified
10/01/1994

3a. Date of Last Report
02/27/1995

4. FEI Number
65-0522676

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

10. Name and Address of New Registered Agent

81 Name
Dennis J. LORD
82 Street Address (P.O. Box Number is Not Acceptable)
1312-7 Market Circle
83
84 City
Port Charlotte **FL** 85 Zip Code
33953

11. Pursuant to the provisions of Sections 607.0602 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 responsibility of, Section 607.0602, Florida Statutes.

SIGNATURE

[Signature]
SIGNED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dennis J. LORD Director 4-10-96
SIGNED AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LORD, DENNIS J	
STREET ADDRESS	4138 YUCATAN CIRCLE	
CITY-STATE-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LORD, ETHEL	
STREET ADDRESS	4139 YUCATAN CIRCLE	
CITY-STATE-ZIP	PORT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 CITY-STATE-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.02(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

[Signature] **Dennis J. LORD 4-10-96 941-7435200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)