

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Mar 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 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 33953**

Mailing Address  
**1312 MARKET CIRCLE  
 UNIT 7  
 PORT CHARLOTTE FL 33953-3831**

3. Date Incorporated or Qualified: **10/01/1994**  
 3a. Date of Last Report: **04/15/1996**

2. Principal Place of Business  
 21. Suite Apt. # etc.

2a. Mailing Address  
 26. Suite, Apt. #, etc.

4. FEI Number: **65-0522676**  
 Applied For:  Not Applicable

22. City & State

27. City & State

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

23. Zip Country

28. Zip Country

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24. Zip Country

29. Zip 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

**LORD, DENNIS J  
 1312-7 MARKET CIR  
 PT CHARLOTTE FL 33953**

81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 84. City **FL** 85. Zip Code

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: *[Signature]* **Dennis J Lord** **2-25-97**  
Signature type for principal or registered agent is 00 if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **D**  DELETE  
 NAME: **LORD, DENNIS J**  
 STREET ADDRESS: **4138 YUCATAN CIRCLE**  
 CITY-ST-ZIP: **PORT CHARLOTTE FL**

1.1 TITLE:  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE: **D**  DELETE  
 NAME: **LORD, ETHEL**  
 STREET ADDRESS: **4139 YUCATAN CIRCLE**  
 CITY-ST-ZIP: **PORT CHARLOTTE FL**

2.1 TITLE:  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE:  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE:  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE:  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE:  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE:  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* **Dennis J Lord** **2-25-97** **941-7435200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)