

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 # **S43208** (5)
1. Corporation Name
CONSIGNMENT FURNITURE SHOWROOM, INC.



Principal Place of Business: **6130 CENTRAL AVENUE ST PETERSBURG FL 33707**
Mailing Address: **6130 CENTRAL AVENUE ST PETERSBURG FL 33707**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/05/1991	3a. Date of Last Report 04/17/1995
21. Suite, Apt. #, etc.	26.	27.	28.	4. FEI Number 59-3065036	Applied For <input type="checkbox"/> Not Applicable
22. City & State	23.	24. Zip	25. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
26. City & State	27.	28. Zip	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
30. City & State	31.	32. Zip	33. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
SPERBER, MATTHEW W. 6130 CENTRAL AVENUE ST. PETERSBURG 33707		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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when transferring) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERBER, MATTHEW W	1.2 NAME	
STREET ADDRESS	6130 CENTRAL AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	1.4 CITY- ST- ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPERBER, MARCI H.	2.2 NAME	
STREET ADDRESS	6130 CENTRAL AVE	2.3 STREET ADDRESS	
CITY- ST- ZIP	ST PETERSBURG FL	2.4 CITY- ST- ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWERS, WILLIAM	3.2 NAME	
STREET ADDRESS	5237 23RD AVENUE N.	3.3 STREET ADDRESS	
CITY- ST- ZIP	ST. PETERSBURG FL	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	
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 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: *Matthew W. Sperber* **4/15/96** **813-347-3982**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (12/95)