

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 # P95000076836 (2)

1. Corporation Name

MASTER FURNITURE, INC.



Principal Place of Business

Mailing Address

1751 S. DIXIE HIGHWAY
BUILDING A, BAY 9 11
POMPANO BEACH FL 33060

1751 S. DIXIE HIGHWAY
BUILDING A, BAY 9 11
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAZIZA, MOTI
1751 S. DIXIE HIGHWAY
BUILDING A, BAY 9 11
POMPANO BEACH FL 33060

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PTD

☐ DELETE

NAME

HAZIZA, MOTI

STREET ADDRESS

1751 S. DIXIE HIGHWAY

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

VDS

☐ DELETE

NAME

HAZIZA, VALERIE

STREET ADDRESS

1751 S. DIXIE HIGHWAY

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

D

☐ DELETE

NAME

HAZIZA, SHEMON

STREET ADDRESS

1751 S. DIXIE HIGHWAY

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

D

☐ DELETE

NAME

NORTHROP, LOIS

STREET ADDRESS

1751 S. DIXIE HIGHWAY

CITY-ST-ZIP

POMPANO BEACH FL 33060

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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:

Moti Haziza Moti Haziza

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-96

Date

954-784-0930

Daytime Phone #

CR2E034 (12/95)