FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 8:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **437435** **(1)**

1. Corporation Name
ROYAL FURNITURE SALES CORPORATION

Principal Place of Business
668 W HALLANDALE BEACH BLVD
HALLANDALE FL 33009
US

Mailing Address
668 W. HALLANDALE BCH BLVD
HALLANDALE FL 33009
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/03/1973
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 668 W. Hallandale Bch. Blvd
2a. Mailing Address 26: 668 W. Hall. Bch. Blvd
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23: Hallandale, Fla
City & State 28: Hallandale, Fla
Zip 24: 33009 Country 25: USA
Zip 29: 33009 Country 30: USA

4. FEI Number: 59-1485715 ☐ 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

9. Name and Address of Current Registered Agent

SCHIFF, (ELAINE)
680 W HALLANDALE BCH BLVD
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name: HAROLD SCHIFF
82 Street Address (P.O. Box Number is Not Acceptable): 668 W. HALLANDALE BCH. BLVD
83:
84 City: Hallandale FL 85 Zip Code: 33009

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: Harold Schiff + Jack, pres. DATE: 4/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☑ Change ☐ Addition
NAME	SCHIFF, ELAINE	12 NAME	ROBERT SCHIFF	
STREET ADDRESS	19940 N.E. 5TH COURT	13 STREET ADDRESS	8570 NW 57 DR.	
CITY-ST-ZIP	N. MIAMI FL	14 CITY-ST-ZIP	CORAL SPRINGS, FLA 33067	
TITLE	D	21 TITLE	STD	☐ Change ☐ Addition
NAME	SCHIFF, HAROLD	22 NAME	HAROLD SCHIFF	
STREET ADDRESS	19940 N.E. 5TH COURT	23 STREET ADDRESS	19940 NE 5 COURT	
CITY-ST-ZIP	N. MIAMI FL	24 CITY-ST-ZIP	N. MIAMI, FLA 33179	
TITLE	V	31 TITLE		☐ Change ☐ Addition
NAME	SCHIFF, ROBERT E.	32 NAME		
STREET ADDRESS	19940 N.E. 5TH COURT	33 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP		
TITLE	STD	41 TITLE		☐ Change ☐ Addition
NAME	SCHIFF, HAROLD	42 NAME		
STREET ADDRESS	19940 NE 5TH COURT	43 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☑ Change ☐ Addition
NAME	RICHARDS, LARRY P	52 NAME		
STREET ADDRESS	2627 FILLMORE ST	53 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Harold Schiff (HAROLD SCHIFF) 4/28/95 455-0884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0076062 CP