

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 # 483851 (2)

1. Corporation Name

THE FURNITURE FACTORY SHOWROOM, INC.

Principal Place of Business

4501 N. FEDERAL HIGHWAY  
BOCA RATON FL 33431  
US

Mailing Address

150 E. BOCA RATON ROAD  
BOCA RATON FL 33432



3. Date Incorporated or Qualified  
09/03/1975

3a. Date of Last Report  
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1621117

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

10. Name and Address of New Registered Agent

SIDER, DONALD C., ESQ.  
150 E. BOCA RATON ROAD  
BOCA RATON FL 33432

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	PD	<input type="checkbox"/> DELETE
NAME	BROWN, STEVEN B	
STREET ADDRESS	2251 NW 59TH STREET 5802 NW 34 WAY	
CITY- ST- ZIP	BOCA RATON, FL 00000 33496	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BROWN, MURRAY R.	
STREET ADDRESS	1628 U S HIGHWAY #1	
CITY- ST- ZIP	JUPITER, TEQUES, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NADLER, PAMELA	
STREET ADDRESS	1628 US HWY + 4761 N.W. 28th WAY	
CITY- ST- ZIP	JUPITER FL BOCA RATON, FL 33433	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSS, ROSANN	
STREET ADDRESS	4501 N FEDERAL HWY 5049 N.W. 103 AVE	
CITY- ST- ZIP	BOCA RATON FL CORAL SPR. FL 33076	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, DANA S.	
STREET ADDRESS	2251 NW 59TH ST 5802 NW 34 WAY	
CITY- ST- ZIP	BOCA RATON FL 33496	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SABATH, ALLEN	
STREET ADDRESS	4501 N FED HWY 2326 N.W. 21ST AVE.	
CITY- ST- ZIP	BOCA RATON FL 33496	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407)  
3-1-96 368-2703

CR2E034 (12/95)