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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State

FILED Jan 29 1998 8:00am Secretary of State

	1998	DIVISION OF CO	ORPORATIONS	Secretary	of State
DOCUMENT # 483851 (2) THE FURNITURE FACTORY SHOWROOM, INC.				Secretary	or state
11.21		TOOM! IITO		1 100 to 101 sunt and 101 to 1	1 P1937 MEM11 MEM11 MEM21 MEM11 EM41
•					
Principal Plac	e of Business	Mailing Address			
4501 N. FEDI	eral highway	150 E. BOCA RATON ROA	D		
BOCA RATO	N FL 33431	BOCA RATON FL 33432		DO NOT WRITE IN TI	HIC COACE
US				3. Date Incorporated or Qualified	FIIO SPACE
				09/03/1975	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1621117	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	A	City & State			Fee Required
23	-	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25	29 3	0	Personal Property Tax due June 30.	X Yes No
	g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	red Agent
SIE	DER, DONALD C., ESQ.		81 Name		
150 E. BOCA RATON ROAD			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
ВО	ICA RATON FL 33432		83		
			83		
			84 City	1	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes	the above-named corns	oration submits this statement for the purpose	e of changing its registered
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	arrana was, and accept the conga	1011 ,0000,100 (100000)10 01000	da dialutes.		
SIGNATORIE	Signature, typed or printed name of registered agen		Registered Agent signature require	d when reinstating) DA1	ΤΕ
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME STREET ADDRESS	BROWN, STEVEN B 5802 NW 34 WAY		1.2 NAME		
CITY-ST-ZIP	BOCA RATON, FL 00000		1.3 STREET ADDRESS		
TITLE	VD	L DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME	BROWN, MURRAY R.	_	2.2 NAME		onwingo reaction
STREET ADDRESS	1628 U S HIGHWAY #1		2.3 STREET ADDRESS		
CITY-ST-ZIP	JUPITER, TEQUES, FL00000		2.4 CITY-ST-ZIP		
TITLE	٧	☐ DELETE	3.1 TITLE		Change Addition
NAME	NADLER, PAMELA		3.2 NAME		
STREET ADDRESS	4761 NW 28TH WAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	N act are	3.4. CITY-ST-ZIP		
TITLE	V DOCO BOCANIN	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	ROSS, ROSANN 5049 NW 103 AVE		4. 2 NAME		
CITY-ST-ZIP	CORAL SPRINGS FL		4.3 STREET ADDRESS		
TITLE	S	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
NAME	BROWN, DANA S.		5.2 NAME		
STREET ADDRESS	5802 NW 21ST AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP		
TITLE	Ť	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SABATH, ALLEN		6.2 NAME		
Street address	2326 NW 21ST AVE		6.3 STREET ADDRESS		
CITY - ST - ZIP	BOCA RATON FL		6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filling 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:

Machier Elm Pourer

(561) 368-2703