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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

528869

(1)

CONTEMPORARY FURNITURE OUTLET OF HOLLYWOOD, INC.

Principal Place of Business Mailing Address 4701 N UNIVERSITY DR 4701 N UNIVERSITY DR LAUDERHILL FL 33351 LAUDERHILL FL 33351 3. Date Incorporated or Qualified 3a. Date of Last Report 03/11/1977 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-1727688 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional 27 Fee Required City & State City & State 6. Flection Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Ζıρ Country $Z_{\rm IP}$ Country 8. This corporation has liability for intangitile tax under s 199,032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COCOZZELLI, FRED 82 Street Address (P.O. Box Number is Not Acceptable) 406 NORTH 56TH AVE. HOLLYWOOD FL 33009 83 84 Crtv 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Signature, typed or printed name of registrand agent and its, if a; the asio INLITE. Registered Ayont signature responds when recisiting LA'E 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THLE DELETE 1.1106.5 ___ Change Addition COCOZZELLI, FRED NAME 1.2 NAME STREET ADDRESS 406 NORTH 56TH AVENUE 1.3 STREET ADDRESS HOLLYWOOD, FL 00000 City-St-zig 1.4 CITY - \$1 - ZIP TITLE DELETE 2 1 DILE ☐ Change Addition COCOZZELLI, SANDRA NAME 2.2 NAM5 STREET ADDRESS 406 NORTH 56TH AVENUE 2.3 STREET ADDRESS HOLLYWOOD, FL 00000 CITY-ST-ZIP 2.4 CITY - ST - ZIP TITLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY - ST-Z-P TITLE DELETE 4 LIGHE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4.C-TY-ST-ZIF TITLE DELETE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEFT ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP TITLE DELETE 6 1 Tille Change ☐ 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 fing is voluntarily furnished and does not qualfy 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)