2-13-98 B 1988 C

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

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Feb 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # **528869** **(1)**

1. Corporation Name
CONTEMPORARY FURNITURE OUTLET OF HOLLYWOOD, INC.

Principal Place of Business
4701 N UNIVERSITY DR
LAUDERHILL FL 33351

Mailing Address
4701 N UNIVERSITY DR
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 | 22 State, Apt. # or Bldg. | 23 City & State | 24 Zip | 25 Country

2a. Mailing Address
26 | 27 State, Apt. # or Bldg. | 28 City & State | 29 Zip | 30 Country

3. Date Incorporated or Qualified
03/11/1977

4. FEI Number
59-1727688 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
COCOZZELLI, FRED
406 NORTH 56TH AVE.
HOLLYWOOD FL 33009

10. Name and Address of New Registered Agent
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 Section 607.0505, 607.1007 and 617.1905, 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. The 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 (Registered Agent if required when changed) DATE

12. CURRENT OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	COCOZZELLI, FRED	
STREET ADDRESS	406 NORTH 56TH AVENUE	
CITY ST ZIP	HOLLYWOOD, FL 00000	
TITLE	D	☐ DELETE
NAME	COCOZZELLI, SANDRA	
STREET ADDRESS	406 NORTH 56TH AVENUE	
CITY ST ZIP	HOLLYWOOD, FL 00000	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY ST ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (10/97)

14. I hereby certify that the individual(s) listed above in Section 12 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an entity name, if applicable.

SIGNATURE: Sandra Cocozzelli SANDRA COCOZZELLI (954)748-1422