

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

DOCUMENT # F44507

(4)

95 MAY - 1 PM 3:48

1. Corporation Name

D & B FURNITURE EXCHANGE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**84 SE 15TH ST
POMPANO BEACH FL 33080**

Mailing Address
**84 SE 15TH ST
POMPANO BEACH FL 33080**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
09/14/1981

3a. Date of Last Report
02/02/1994

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

59-2180038

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

\$1.75 Additional
ee Required

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

24

Country

25

Zip

29

Country

30

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

**KOSLOFF, ELAINE
3001 NE 55TH PLACE
FT. LAUDERDALE FL 33308**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PO

NAME

KOSLOFF, ELAINE

STREET ADDRESS

3001 NE 55TH PLACE

CITY - ST - ZIP

FT LAUDERDALE, FL 00000

1.1 TITLE

VP

1.2 NAME

KOSLOFF, STUART

1.3 STREET ADDRESS

6429 NW 55th AVE

1.4 CITY - ST - ZIP

COAL SPRINGS, FL 33060

☐ Change ☒ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

2.1 TITLE

S/T

2.2 NAME

MORRICK, DIANNE

2.3 STREET ADDRESS

2011 NW 37th STREET

2.4 CITY - ST - ZIP

FT. LAUDERDALE, FL 33309

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(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 of this report, or on an attachment with an address.

SIGNATURE:

Elaine Kosloff **ELAINE Kosloff** 4/27/95 305-941-6272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR