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

PROFIT. CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F64968

(3)

Mailing Address

LEVY'S LA-Z-BOY SHOWCASE SHOPPES OF SOUTH FLORID A, INC.

FT. LAUDERDALE FL 33308		FT. LAUDERDALE FL 33308-8224							
					3. Date incorporated or Qualifi 01/28/1982		3a. Date of Last Report 05/01/1996		
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2173140		١	ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Sta	to	City & State	·	······		6. Election Campaign Financin		\$5.00	May Be
23		28	,			Trust Fund Contribution			lo Fees
Ζιρ 24	Country 25	Zip 29	30 Co.	intry	•	8. This corporation has liability Florida Statutes	for intangible		s. 199.032,
	g, Name and Address of Current		1901	Ţ		10. Name and Address of New			
16	VY, BRUCE J.			81	Name		<u> </u>		
	81 N. FEDERAL HWY				01	d	- t - t - t - 3		
	LAUDERDALE FL 33308			62	Street Add	dress (P.O. Box Number is Not Acce	ptable)		
1 1.	PARTINAME I P GOOD			83					
								1_1_1 =	Ondo
				84	City		FL	<b>85</b> Zip	Code
agent 1: SIGNATURE	to the provisions of Sections 607.0502 registered agent, or both, in the State tan familiar with, and accept the obligations of the section o					urred when reinetating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO O		DIRECTO	RS IN 12
THILE	PST	DELETE	1.1 T	ITLE				Change	Addition
NAME	LEVY, BRUCE J		1.2 N	AME					
STREET ADDRESS	3661 N. FEDERAL HIGHWAY		1.3 \$	TREET	ADDRESS				
CITY-\$1-ZIP	FORT LAUDERDALE FL		1.40	ITY - S	IT-ZIP				
TITLE		☐ DELETE	2.1 7	ITLE				Change	Addition
NAME			2.2 N	AMÉ					
STREET ADORESS			2.3 S	TAEET	ADDRESS				
CITY-\$1-20P		<b>171</b> 82.222			ST-ZIP			1 1 61	4.400
TITLE		☐ DELETE	3.1 T					Change	Addition
NAME			3.2 N						
STREET ADDRESS			l l		ADDRESS				
DITY -ST - 7:P	·	DELETE	4.17		ST-ZIP			Change	Addition
NAME		<u></u>	4.21					21.00.80	
STREET ADDRESS					ADDRESS				
CHTY - ST - ZIP					ST-ZIP				
111.6		☐ DELETE	5.1 T					Change	Addition
NAME			5.2 N	IAME					
STREET ADDRESS			5.3 S	TREET	ADDRESS				
C(TY+S1+7)P			5.4 0	ITY-S	IT-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE			_	☐ Change	Addition
NAME			62 N		/ [				
PRODUCT ADDRESS OF			620	TOCCT	ADDRECC				

6.4 CITY ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 occurate 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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED

**FILED** 

May 19 1997 8:00am

Secretary of State