

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # G08936

(8)

1. Corporation Name

ACE FURNITURE & APPLIANCES, INC.

FILED

95 JAN 27 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

275 9TH STREET NORTH
ST-PETERSBURG FL 33701

240-9 St. No

ST-PETERSBURG, FL 33705

Mailing Address

275 9TH STREET NORTH
ST-PETERSBURG FL 33701

240-9 St. No

ST-PETERSBURG, FL 33705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/19/1982

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2231450

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21. 240 9th St North

Suite, Apt. #, etc.

22

City & State

23. St PETERSBURG FL

Zip

24. 33705

Country

25

2a. Mailing Address

26. 240 9th St North

Suite, Apt. #, etc.

27

City & State

28. St PETERSBURG FL

Zip

29. 33705

Country

30

9. Name and Address of Current Registered Agent

PIPPEN, JOSEPH F, JR.
11590 SEMINOLE BLVD
SEMINOLE FL 33544

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 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

TITLE DP
NAME COOPERMAN, MARTIN
STREET ADDRESS 275 9TH STREET NORTH 240-9 St. No
CITY-ST-ZIP ST PETERSBURG, FL 33705

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 entire legal effect as if made under oath; that I am an officer or director of this 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

Martin H. Cooperman

MARTIN H. COOPERMAN

PC05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON

Title

Signature Number