

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G48765** (3)

1. Corporation Name  
**THE FURNITURE SPECTRUM, INC.**



Principal Place of Business

**4501 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES FL 33940  
US**

Mailing Address

**4501 TAMiami TRAIL NORTH  
SUITE 400  
NAPLES FL 33940  
US**

3. Date Incorporated or Qualified  
**07/13/1983**

3a. Date of Last Report  
**03/28/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
**59-2326977**

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible 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

**BUCKEL, ROBERT M ESQ  
4501 TAMiami TRAIL N.  
SUITE 400  
NAPLES FL 33940**

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 should be acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**DP  
MUNZENRIEDER, JOHN D.  
9240 THE LANE  
NAPLES FL**

TITLE ☐ DELETE

**DST  
DUNNAM, MICHAEL  
477 18TH AVENUE SOUTH  
NAPLES FL**

TITLE ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE

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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 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 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 change), or on an attachment with an address

SIGNATURE:

(Signature and typed or printed name of signing officer or director)

**3/7/96 (941) 775-7900**

CR2E034 (12/95)