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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

(5)

MARLYN'S FURNITURE SELLOUT AND SUBURBANITE LIQUI DATORS OF THE SOUTH, INC.

Mailing Address Principal Place of Business 2206 HOLLYWOOD BLVD. 2206 HOLLYWOOD BLVD. HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3a. Date of Last Report 3. Date Incorporated or Qualified 04/12/1995 08/16/1983 Applied For 4. FEI Number 2. Principal Place of Business Mailing Address 59-2315899 Not Applicable 26 21 \$8.75 Additional Suite Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032, Country Country Florida Statutes Yes No

10. Name and Address of New Registered Agent 30 29 25 24 9. Name and Address of Current Registered Agent 81 Name ROSS MANELLA Street Address (P.O. Box Number is Not Acceptable) 82 ROWSS, MANELLA E 2206 HOLLYWOOD BLVD 2206 HOLLYWOOD BLVD RZ HOLLYWOOD FL 33020 ^zg 20d 20 City HOLLYWOOD 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. ICERS AND DIRECTORS IN 12 ADDITIONS/CHANG 13 OFFICERS AND DIFFECTORS 12. DELETE 1 1 THE PD TITLE 1.2 NAME FINKLE, MARILYN NAME 4900 BUCHNAN ST 1.3 STREET ADDRESS F1. STREET ADDRESS HOLLYWOOD FL 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Add:tion ["] DELETE 2.1 11115 ST TITLE 2.2 NAM: GLICK, ESTHER NAME 2.3 STREET ADDRESS 4900 BUCHNAN ST STREET ADDRESS 33021 HOLLYWOOD FL 24 CHY ST-ZIP Hollywood, F1. CITY - ST - ZIP Change Add-tion DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY ST-ZIP CITY - ST-ZIP Addition Change DELFIE 4.1 DIG TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 C-17 - ST - Z-P CITY-ST-ZIP Addit on DELETE 5 1 Title TILLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 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 certify 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 Inat my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

DELETE

5 4 CITY - \$1 - ZIP

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

6 1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TIME

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954901 8300

CR2E034 (12/95)

Addition