

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G57986** (3)

1. Corporation Name

HARDWOOD FURNITURE DESIGNS, INC.



Principal Place of Business

**230 S.W. 12TH AVE. #7
POMPANO BEACH FL 33069**

Mailing Address

**230 S.W. 12TH AVE. #7
POMPANO BEACH FL 33069**

2 Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**ABBE, A. PATTON
230 S.W. 12TH AVE. #7
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified
09/01/1983

3a. Date of Last Report
04/07/1995

4. FET Number
59-2370631

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. 190.032,
Florida Statutes ☐ Yes ☒ No

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. Thereby 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 the taxpayer

Signature typed or printed name of registered agent and the taxpayer

DATE

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

2. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

3. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

4. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

5. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

6. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

7. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

☐ DELETE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY- ST- ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY- ST- ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY- ST- ZIP

29. TITLE

30. NAME

31. STREET ADDRESS

32. CITY- ST- ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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