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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G69379

(7)

1. Corporation Name

SHOWROOM MANAGEMENT CORP.

Principal Place of Business

% HAROLD SAFREN
101 NE 40TH ST.
MIAMI FL 33137
US

Mailing Address

% HAROLD SAFREN
101 NE 40TH ST.
MIAMI FL 33137-3511
US

3. Date Incorporated or Qualified
10/04/1983

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 3149 JOHN P. CURCI DR.

Suite, Apt. #, etc.

22 Bldg 1-A, Bay 2

City & State

23 Pembrooke Park, Florida

Zip Country

24 33009 25 BROWARD

2a. Mailing Address

26 3149 JOHN P. CURCI DR.

Suite, Apt. #, etc.

27 Bldg 1-A, Bay 2

City & State

28 Pembrooke Park, Florida

Zip Country

29 33009 30 BROWARD

4. FEI Number
59-2331213

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

9. Name and Address of Current Registered Agent

SAFREN, HAROLD
101 NE 40TH ST.
MIAMI FL 33137
SAME AS ABOVE

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME STD SAFREN, HAROLD

STREET ADDRESS 101 NE 40TH ST. SAME AS ABOVE

CITY-ST-ZIP MIAMI, FL 33000

TITLE ☐ DELETE

NAME PD SAFREN, STEPHANIE

STREET ADDRESS 101 NE 40TH ST. SAME AS ABOVE

CITY-ST-ZIP MIAMI, FL 33000

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

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 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 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 officer 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

[Signature]

3-12-97

CR2E034 (9/96)