

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # G78561

1. Entity Name
SHOWROOM PROPERTIES, INC.



Principal Place of Business

**509 NE 20 ST
BOCA RATON, FL 33431**

Mailing Address

**509 NE 20 ST
BOCA RATON, FL 33431**

DO NOT WRITE IN THIS SPACE



01032005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2425045

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**STRAUSS, MADELYN
887 BUTTONWOOD DRIVE
BOCA RATON, FL 33432**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE V
NAME STRAUSS, MADELYN
STREET ADDRESS 887 BUTTONWOOD DRIVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE P
NAME WASSNER, LINDA
STREET ADDRESS 5307 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE S
NAME FINE, MAURICE
STREET ADDRESS 5307 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE T
NAME STRAUSS, THEODORE
STREET ADDRESS 887 BUTTONWOOD DRIVE
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11000000173621
01/07/05-80026-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Linda Wassner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Wassner

1/4/05

Date

561 395 7667

Daytime Phone #