

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G88563** (3)

1. Corporation Name
CONSIGNMENT FURNITURE GALLERY, INC.



Principal Place of Business: 1111 COURT ST CLEARWATER FL 34616
Mailing Address: 1111 COURT ST CLEARWATER FL 34616

3. Date Incorporated or Qualified: 03/02/1984
3a. Date of Last Report: 01/19/1995
4. FEI Number: 59-2379396
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: LEVINE, MITCHELL 1111 COURT STREET CLEARWATER FL 34616
10. Name and Address of New Registered Agent: 81 Name: VICKY LEVINE 82 Street Address (P.O. Box Number is Not Acceptable): 1111 COURT STREET (SAME) 83 84 City: CLEARWATER FL 85 Zip Code: 34616

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: *Vicky Levine* VICKY LEVINE, PRESIDENT DATE: 1/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PST	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: P/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEVINE, MITCHELL		1.2 NAME: VICKY LEVINE
STREET ADDRESS: 1111 COURT ST		1.3 STREET ADDRESS: 1111 COURT ST.
CITY-ST-ZIP: CLEARWATER FL		1.4 CITY-ST-ZIP: CLEARWATER, FL.
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEVINE, MITCHELL		2.2 NAME:
STREET ADDRESS: 1111 COURT ST		2.3 STREET ADDRESS:
CITY-ST-ZIP: CLEARWATER FL		2.4 CITY-ST-ZIP:
TITLE: ST	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LEVINE, VICKY		3.2 NAME:
STREET ADDRESS: 1111 COURT ST.		3.3 STREET ADDRESS:
CITY-ST-ZIP: CLEARWATER FL		3.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:
STREET ADDRESS:		4.3 STREET ADDRESS:
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:
STREET ADDRESS:		5.3 STREET ADDRESS:
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:
STREET ADDRESS:		6.3 STREET ADDRESS:
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:

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 changed, or on an attachment with an address.

SIGNATURE: *Vicky Levine* VICKY LEVINE DATE: 1/16/96 (813) 447-0926

CR2E034 (12/95)