

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Jan 27 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 # 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 34616-5748**

3. Date Incorporated or Qualified  
**03/02/1984**

3a. Date of Last Report  
**01/22/1996**

4. FEI Number  
**59-2378396**

Applied For  
 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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

**9. Name and Address of Current Registered Agent**

**LEVINE, VICKY**  
**1111 COURT STREET**  
**CLEARWATER FL 34616**

**10. Name and Address of New Registered Agent**

81 Name **VICKY LEVINE LIEBER**

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 607.0508, 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 Lieber* **VICKY LEVINE LIEBER, PRESIDENT** 1/16/97  
DATE

**12. OFFICERS AND DIRECTORS**

TITLE  DELETE

NAME **PSTD LEVINE, VICKY**

STREET ADDRESS **1111 COURT STREET**

CITY-ST-ZIP **CLEARWATER FL**

TITLE  DELETE

NAME **ST LEVINE, VICKY**

STREET ADDRESS **1111 COURT ST.**

CITY-ST-ZIP **CLEARWATER FL**

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 **P/S/T/D**

1.2 NAME **VICKY LEVINE LIEBER**

1.3 STREET ADDRESS **1111 COURT STREET**

1.4 CITY-ST-ZIP **CLEARWATER, FL 34616**

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 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 Lieber* **VICKY LEVINE LIEBER** 1/16/97 (813) 447-0926  
DATE Daytime Phone #

CR2E034 (9/96)