

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
LAWSON, J. OF 11400 ATLANTIC BLVD.

**APPROVED
AND
FILED**

SE MAY - 1 1995 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G99058

(1)

1. Corporation Name

HALLANDALE CHAIR CORPORATION

Principal Place of Business

**3661 N. FEDERAL HWY
FT. LAUDERDALE FL 33308**

Mailing Address

**3661 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308**

PLEASE PRINT (WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 02/29/1984		3a. Date of Last Report 05/01/1994	
4. FE Number 59-2383050		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 adopted the antitakeover law chapter 60, 1967, of Florida Statutes. ☐ Yes ☒ No			

2. Principal Place of Business	2a. Mailing Address
21. State of Incorporation	26. State of Mailing Address
22. City	27. City
23. Zip	28. Zip
24. Number of Shares	30. Number of Shares

9. Name and Address of Current Registered Agent

**LEVY, BRUCE
3661 N. FEDERAL HWY.
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	85. Zip Code

11. Declaration: The undersigned, a resident of this state and over 21 years of age, 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 this appointment as registered agent. I am familiar with and accept the obligations of a registered agent, Florida Statutes.

(Signature)

(Signature of Registered Agent)

(Signature of Registered Agent)

(Signature)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS, DIRECTORS AND OTHER OFFICERS	
NAME	PD LEVY, BRUCE J. 3661 N. FEDERAL HWY. FT. LAUDERDALE FL	NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	
NAME		NAME	
ADDRESS		ADDRESS	

14. Declaration: I certify that the information supplied with this filing voluntarily furnished and is true and correct, and that my signature shall have the same legal effect as if made under oath. That I am a resident of this state and over 21 years of age and that my signature shall have the same legal effect as if made under oath. That I am a resident of this state and over 21 years of age and that my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE J. LEVY

4-24-95 305-561-4112