FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # H50397 (9)

1. Corporation Name
SUPERIOR FURNITURE, INC.

Principal Place of Business
2044 47TH ST
SARASOTA FL 34234

Mailing Address
2044 47TH ST
SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/01/1985
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2510149 ☐ 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. [illegible] Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24
County 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
County 30

9. Name and Address of Current Registered Agent

SMALLWOOD, ROBERT T II
ATTORNEY AT LAW
1715 STICKNEY PT. RD. B8
SARASOTA FL 34230

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PASLER, BERND
STREET ADDRESS	2044 47TH STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	VDS
NAME	PASLER, PHYLLIS D.
STREET ADDRESS	2044 47TH STREET
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE		☐ Change ☐ Addition
1. NAME		
1. STREET ADDRESS		
1. CITY-ST-ZIP		
2. TITLE		☐ Change ☐ Addition
2. NAME		
2. STREET ADDRESS		
2. CITY-ST-ZIP		
3. TITLE		☐ Change ☐ Addition
3. NAME		
3. STREET ADDRESS		
3. CITY-ST-ZIP		
4. TITLE		☐ Change ☐ Addition
4. NAME		
4. STREET ADDRESS		
4. CITY-ST-ZIP		
5. TITLE		☐ Change ☐ Addition
5. NAME		
5. STREET ADDRESS		
5. CITY-ST-ZIP		
6. TITLE		☐ Change ☐ Addition
6. NAME		
6. STREET ADDRESS		
6. CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: BERND PASLER 4/20/95 813 355-6523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

0340505 CR