

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
Feb 20 1996 8:00 am  
Secretary of State

DOCUMENT # **H94511 (3)**

1. Corporation Name

**CAPRIS FURNITURE INDUSTRIES, INC.**



Principal Place of Business

1401 NW 27TH AVE.  
OCALA FL 32675

Mailing Address

1401 NW 27TH AVE.  
OCALA FL 32675

3. Date Incorporated or Qualified  
**01/15/1986**

3a. Date of Last Report  
**05/01/1995**

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

29 30

4. FEI Number  
**59-2694517**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUBBS, C.A.**  
**1401 NW 27TH AVENUE**  
**OCALA FL 32675**

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

Signature of the person filing this report on behalf of the corporation

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **VSD**  DELETE  
NAME: **STUBBS, C.A.**  
STREET ADDRESS: **14494 SE 143 RD TERR**  
CITY-STATE-ZIP: **WEIRSDALE FL**

1 TITLE:  Change  Addition  
12 NAME:  
13 STREET ADDRESS:  
14 CITY-STATE-ZIP:

TITLE: **DP**  DELETE  
NAME: **INTERIAN, PEDRO**  
STREET ADDRESS: **3628 SE 18TH AVENUE**  
CITY-STATE-ZIP: **OCALA FL**

21 TITLE:  Change  Addition  
22 NAME:  
23 STREET ADDRESS: **6764 Cherry Rd**  
24 CITY-STATE-ZIP: **Ocala, FL 32472**

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

31 TITLE:  Change  Addition  
32 NAME:  
33 STREET ADDRESS:  
34 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

41 TITLE:  Change  Addition  
42 NAME:  
43 STREET ADDRESS:  
44 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

51 TITLE:  Change  Addition  
52 NAME:  
53 STREET ADDRESS:  
54 CITY-STATE-ZIP:

TITLE:  DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

61 TITLE:  Change  Addition  
62 NAME:  
63 STREET ADDRESS:  
64 CITY-STATE-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:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-96 904-6298889  
DATE DAYTIME PHONE #

CR2E034 (12/95)