

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

**APPROVED  
AND  
FILED**

05 MAY 11 AM 09:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **J22338**

(4)

1. Corporation Name  
**FORT LAUDERDALE CHAIR CORP.**

Principal Place of Business  
**3661 N. FEDERAL HWY.  
FT. LAUDERDALE FL 33308**

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

EXEMPT ENTER IN THIS SPACE

3. Date incorporated or qualified <b>07/03/1986</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2713801</b>	Applied For New Application
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under 19-1001, 1002 Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Appt. #.	26. State Appt. #.
22. City & State	27. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	<b>FL</b>

11. I, the undersigned, the president of the corporation, certify that the above named corporation submits the statement for the purpose of having its registered office in the State of Florida. If a change was authorized by the corporation's board of directors, I hereby appoint the undersigned as registered agent. I am a resident of the State of Florida and I am a resident of the State of Florida.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS	13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS																																										
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14. I, the undersigned, certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Section 19-1001, Florida Statutes. I further certify that the information is correct and that the amount reported is supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. That I am an officer or director of the corporation or the officer or trustee empowered to execute the report as required by Chapter 19-1001, Florida Statutes, and that my name appears in Block 1, or Block 13, of the report as an officer or trustee.

SIGNATURE: **Bruce J. Levy** *H-2495* *305-561-4112*  
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR