

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

DOCUMENT # J61377 (4)

1. Corporation Name

FURNITURE SHOWCASE OF NORTH CAROLINA, INC.



Principal Place of Business

Mailing Address

995 S.R. 434  
SUITE 509  
ALTAMONTE SPRINGS FL 32714

995 S.R. 434  
SUITE 509  
ALTAMONTE SPRINGS FL 32714

3. Date Incorporated or Qualified  
03/11/1987

3a. Date of Last Report  
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 7478 S. O.B.T.

26 7478 S. O.B.T.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State  
23 ORLANDO, FL

27 City & State  
28 ORLANDO, FL

24 Zip Country  
25 32809

29 Zip Country  
30 32809

4. FEI Number

59-2860053

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

LANDIS, DAVID M.  
LAWRENCE, LANDIS & MORGAN, P.A.  
28 EAST WASHINGTON ST.  
ORLANDO FL 32802-2209

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

MATEER & HARBERT, P.A.  
225 E. ROBINSON STREET  
TWO LANDMARK CTR, SUITE 600

84 City

ORLANDO

FL

85 Zip Code  
32802

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MANVILLE, RICHARD ☒ DELETE  
STREET ADDRESS 995 S.R. 434- SUITE 509  
CITY-ST-ZIP ALTAMONTE SPGS FL

TITLE DVS  
NAME WEISMAN, MYLES ☐ DELETE  
STREET ADDRESS 995 S.R. 434- SUITE 509  
CITY-ST-ZIP ALTAMONTE SPGS 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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME MARVIN WEISMAN  
1.3 STREET ADDRESS 7478 S. O.B.T.  
1.4 CITY-ST-ZIP ORLANDO, FL 32809 ☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

MARVIN WEISMAN

2/14/96

407-856-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)