

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:15

DOCUMENT # K11853 (4)

1. Corporation Name

FURNITURE SHOWPLACE OF POMPANO, INC.

Principal Place of Business

2201 W. SAMPLE ROAD, BUILDING B
POMPANO BEACH FL 33073

Mailing Address

2201 W. SAMPLE ROAD, BUILDING B
POMPANO BEACH FL 33073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
01/12/1988

3a. Date of Last Report
02/03/1994

4. FBI Number
65-0019063

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DOLCHIN, STEVEN B.
4330 SHERIDAN STREET
THE OAKS, SUITE 202B
HOLLYWOOD FL 33021

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

(8037) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
GOLDSTEIN, MAURICE E.
3505 OAKS WAY #402
POMPANO BCH FL

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

☒ Change ☐ Addition
10152 BROOKVILLE LANE
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

D
GOLDSTEIN, JOAN K.
10152 BROOKVILLE LANE
BOCA RATON FL 33428

5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, ST, ZIP

☐ Change ☒ Addition
10152 BROOKVILLE LANE
BOCA RATON FL 33428

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, ST, ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

☐ Change ☐ Addition

14. I declare under penalty that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(9)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to use this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE:

JOAN GOLDSTEIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(150)

1-10-95 305-978-8937
(Signature) (Typed Name) 978-8937