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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L23659

(0)

1. Corporation Name

OUR FURNITURE STORE, INC.

Principal Place of Business

3927 JOG ROAD
3905 JOG RD
LAKE WORTH FL 33467-1590
US

Mailing Address

3927 JOG ROAD
3905 JOG RD
LAKE WORTH FL 33467-1590
US

3. Date Incorporated or Qualified

10/17/1989

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0148128

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

21

Suite, Apt. #, etc.

22 City & State

24 Zip Country

25

2a. Mailing Address

26

3927 Jog Road

Suite, Apt. #, etc.

27

City & State
Lake Worth, Fl

28 Zip Country

29

33467

30 PB

9. Name and Address of Current Registered Agent

SPECKMANN, PETER J.
3905 JOG RD
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

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

3927 Jog Road

84 City

Lake Worth

FL

85 Zip Code

33467

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 D ☐ DELETE
NAME SPECKMANN, PETER J.
STREET ADDRESS 3905 JOG RD
CITY-ST-ZIP LAKE WORTH FL

TITLE D ☐ DELETE
NAME SPECKMANN, VICKI M.
STREET ADDRESS 3905 JOG RD
CITY-ST-ZIP LAKE WORTH 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 3927 Jog Rd. Lake Worth, Fl
1.4 CITY-ST-ZIP 33467 ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 3927 Jog Rd. Lake Worth, Fl.
2.4 CITY-ST-ZIP 33467 ☐ Change ☐ Addition

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

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

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

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

14. I do hereby certify that the information supplied with this filing 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 or on an attachment with an address.

SIGNATURE:

Vicki M. Speckmann
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vicki M. Speckmann, S/T 4/4/97 965-3700

Date

Daytime Phone #

CR2E034 (9/96)