

**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 # **L98179 (9)**

1. Corporation Name  
**JEFFREY'S ROOMS TO GO INC.**



Principal Place of Business: **11540 HWY 92 E SEFFNER FL 33584 US**  
Mailing Address: **11540 HWY 92 E SEFFNER FL 33584 US**

3. Date Incorporated or Qualified: **09/07/1990**  
3a. Date of Last Report: **04/27/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		<b>59-3029389</b>	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>SCHWARTZ, LARRY 11540 HIGHWAY 92 EAST SEFFNER FL 33584</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>JEFFREY SEAMAN</b>	1.2 NAME	
STREET ADDRESS	<b>11540 HWY 92 E</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEFFNER FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>LEWIS STEIN</b>	2.2 NAME	
STREET ADDRESS	<b>11540 HWY 92 E</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEFFNER FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>ROBERT CLAESON</b>	3.2 NAME	
STREET ADDRESS	<b>330 MADISON AVE.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NEW YORK NY</b>	3.4 CITY - ST - ZIP	
TITLE	<b>ASV</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>LARRY SCHWARTZ</b>	4.2 NAME	
STREET ADDRESS	<b>11540 HWY 92 E</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEFFNER FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>SV</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME	<b>FINKEL, JEFFREY</b>	5.2 NAME	
STREET ADDRESS	<b>11540 HWY 92 E</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>SEFFNER FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - 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: Larry Schwartz VP 4/23/96 817-627-5400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)