

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 07 1997 8:00am
Secretary of State

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 33584-7346
US**

3. Date Incorporated or Qualified
09/07/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

24 City & State

25 Zip

26 Country

27 Zip

28 Country

29 Zip

30 Country

4. FEI Number
59-3029389

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**

7. 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

**SCHWARTZ, LARRY
11540 HIGHWAY 92 EAST
SEFFNER FL 33584**

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)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

1.2 NAME **JEFFREY SEAMAN**

1.3 STREET ADDRESS **11540 HWY 92 E**

1.4 CITY-ST-ZIP **SEFFNER FL**

2.1 TITLE ☐ DELETE

2.2 NAME **ST LEWIS STEIN**

2.3 STREET ADDRESS **11540 HWY 92 E**

2.4 CITY-ST-ZIP **SEFFNER FL**

3.1 TITLE ☐ DELETE

3.2 NAME **AS ROBERT CLAESON**

3.3 STREET ADDRESS **330 MADISON AVE.**

3.4 CITY-ST-ZIP **NEW YORK NY**

4.1 TITLE ☐ DELETE

4.2 NAME **ASV LARRY SCHWARTZ**

4.3 STREET ADDRESS **11540 HWY 92 E**

4.4 CITY-ST-ZIP **SEFFNER FL**

5.1 TITLE ☐ DELETE

5.2 NAME **SV FINKEL, JEFFREY**

5.3 STREET ADDRESS **11540 HWY 92 E**

5.4 CITY-ST-ZIP **SEFFNER FL**

6.1 TITLE ☐ DELETE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

034841

CR2E034 (9/96)

4/22/97 (813) 623-5400