

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M73919** (6)

1. Corporation Name

FLORIDA HOME FURNISHINGS, INC.



Principal Place of Business

**BARBARA LIEBERMAN
428 OAK HAVEN DR.
ALTAMONTE SPRINGS FL 32701
US**

Mailing Address

**BARBARA LIEBERMAN
428 OAK HAVEN DR.
ALTAMONTE SPRINGS FL 32701
US**

3. Date Incorporated or Qualified

03/23/1988

3a. Date of Last Report

01/13/1995

4. FEI Number

59-2877887

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 Sube, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Sube, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

**LIEBERMAN, BARBARA
428 OAK HAVEN DRIVE
ALTAMONTE SPRINGS FL 32701**

10. Name and Address of New Registered Agent

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 **BARBARA LIEBERMAN**

Signature of board member or registered agent and the corporation

(If FEI Registered Agent Signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DPT
LIEBERMAN, BARBARA
428 OAK HAVEN DR.
ALTAMONTE SPGS. FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE NAME STREET ADDRESS CITY-ST-ZIP

12 TITLE NAME STREET ADDRESS CITY-ST-ZIP

13 TITLE NAME STREET ADDRESS CITY-ST-ZIP

14 TITLE NAME STREET ADDRESS CITY-ST-ZIP

15 TITLE NAME STREET ADDRESS CITY-ST-ZIP

16 TITLE NAME STREET ADDRESS CITY-ST-ZIP

17 TITLE NAME STREET ADDRESS CITY-ST-ZIP

18 TITLE NAME STREET ADDRESS CITY-ST-ZIP

19 TITLE NAME STREET ADDRESS CITY-ST-ZIP

20 TITLE NAME STREET ADDRESS CITY-ST-ZIP

21 TITLE NAME STREET ADDRESS CITY-ST-ZIP

22 TITLE NAME STREET ADDRESS CITY-ST-ZIP

23 TITLE NAME STREET ADDRESS CITY-ST-ZIP

24 TITLE NAME STREET ADDRESS CITY-ST-ZIP

25 TITLE NAME STREET ADDRESS CITY-ST-ZIP

26 TITLE NAME STREET ADDRESS CITY-ST-ZIP

27 TITLE NAME STREET ADDRESS CITY-ST-ZIP

28 TITLE NAME STREET ADDRESS CITY-ST-ZIP

29 TITLE NAME STREET ADDRESS CITY-ST-ZIP

30 TITLE NAME STREET ADDRESS CITY-ST-ZIP

31 TITLE NAME STREET ADDRESS CITY-ST-ZIP

32 TITLE NAME STREET ADDRESS CITY-ST-ZIP

33 TITLE NAME STREET ADDRESS CITY-ST-ZIP

34 TITLE NAME STREET ADDRESS CITY-ST-ZIP

35 TITLE NAME STREET ADDRESS CITY-ST-ZIP

36 TITLE NAME STREET ADDRESS CITY-ST-ZIP

37 TITLE NAME STREET ADDRESS CITY-ST-ZIP

38 TITLE NAME STREET ADDRESS CITY-ST-ZIP

39 TITLE NAME STREET ADDRESS CITY-ST-ZIP

40 TITLE NAME STREET ADDRESS CITY-ST-ZIP

41 TITLE NAME STREET ADDRESS CITY-ST-ZIP

42 TITLE NAME STREET ADDRESS CITY-ST-ZIP

43 TITLE NAME STREET ADDRESS CITY-ST-ZIP

44 TITLE NAME STREET ADDRESS 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: **Barbara Lieberman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/96 4075319232

Date

Day/Mo/Phone #

CR2E034 (12/95)