

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P36623 (7)**

1. Corporation Name
FURNITURE COMFORT CORPORATION



Principal Place of Business: **1201 N. ORANGE STREET SUITE 790 WILMINGTON DE 19801**
Mailing Address: **1201 N. ORANGE STREET SUITE 790 WILMINGTON DE 19801**

2. Principal Place of Business: **21** State: **Ap**, Apt. #, etc.: **22** City & State: **23** Zip: **24** County: **25** 2a. Mailing Address: **26** State: **Ap**, Apt. #, etc.: **27** City & State: **28** Zip: **29** County: **30**

3. Date Incorporated or Qualified: **12/09/1991** 3a. Date of Last Report: **08/15/1995**
4. FEI Number: **56-1065221** Applied For: Not Applicable:
5. Certificate of Status Required: **\$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
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

81. Name: _____
82. Street Address (P.O. Box Number is Not Acceptable): _____
83. _____
84. City: _____ State: **FL** 85. Zip Code: _____

11. President to the principal office of Section 602.06(2)(a) or 602.06(2)(b), Florida Statutes, the above named corporation states by this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, said change was authorized by the corporation's Board of Directors, or other authority, through the appointment as registered agent, I am familiar with, and I accept the obligations of Section 602.06(2)(a) Florida Statutes.

SIGNATURE: _____ DATE: _____
12. OFFICERS AND DIRECTORS: DELETE
NAME: **DVST SGANGA, JOHN B.** TITLE: _____
STREET ADDRESS: **1201 N. ORANGE ST. STE. 790**
CITY-STATE-ZIP: **WILMINGTON DE 19801**
NAME: **D MUOQADDAM, M SALEEM** TITLE: _____
STREET ADDRESS: **1201 N. ORANGE ST. STE. 790**
CITY-STATE-ZIP: **WILMINGTON DE 19801**
13. ADDED, CHANGED OR DELETED OFFICERS AND DIRECTORS IN 12: Change Addition
1. NAME: _____ TITLE: _____
2. NAME: _____ TITLE: _____
3. NAME: _____ TITLE: _____
4. NAME: _____ TITLE: _____
5. NAME: _____ TITLE: _____
6. NAME: _____ TITLE: _____
7. NAME: _____ TITLE: _____
8. NAME: _____ TITLE: _____
9. NAME: _____ TITLE: _____
10. NAME: _____ TITLE: _____
11. NAME: _____ TITLE: _____
12. NAME: _____ TITLE: _____
13. NAME: _____ TITLE: _____
14. NAME: _____ TITLE: _____

14. I, on behalf of the corporation, hereby declare that the information provided in this report is true and correct, and I am qualified for the exemption stated in Section 119.07(3)(k) Florida Statutes. I further certify that the information provided in this report is true and correct, and I am qualified for the exemption stated in Section 119.07(3)(k) Florida Statutes, and that my signature shall have the same legal effect as if made under oath. That said officer or directors listed in this report are the persons authorized to represent the corporation as registered by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report for an officer or director of the corporation.
SIGNATURE: *John B. Sganga* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
John B. Sganga
4-11-96 302884 6749

CR2E034 (12/95)