

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 # **P93000036672 (2)**

1. Corporation Name
FANTASTIC FURNITURE, INC.



Principal Place of Business: **973 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211**
Mailing Address: **973 UNIVERSITY BLVD. NORTH JACKSONVILLE FL 32211**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/17/1993		3a. Date of Last Report 04/12/1995	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	4. FEI Number 59-3188077		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROSENBERG, JERALD C 6222 LAKE LUGANO DR. JACKSONVILLE FL 32256				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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		OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
SIGNATURE		NAME, TYPE, OR PROFESSION OF REGISTERED AGENT (and title if applicable)		DATE	
12.	PS ROSENBERG, JERALD 6222 LAKE LUGANO DR JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	VPT	<input type="checkbox"/> DELETE	1.2 NAME		
	MICHAELS, A. J 8741 COMOLAKE DR JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	2.2 NAME		
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	8873 Belk River Blvd	
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	JKSU. FL. 32256	
		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	3.2 NAME		
		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	4.2 NAME		
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	5.2 NAME		
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	6.2 NAME		
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	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, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **8-19-96** 904-743-7111

CR2E034 (12/95)