SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

CORPORATION ANNUAL REPORT

1995

P93000042463

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

P93000047463

APPROVED AND FILED
95 MAY -1 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**********CAR-RT-SORT**C07L
NU 65-0419484 REC-14 507 5700 N
1. FURNITURE EXPRESSIONS INC
22941 S STATE RD 7
BOCA RATON FL 33428 087 R S

Mailing Address | Principal Place of Business

DO NOT WRITE IN THIS SPACE

1993
65-0419484

If above addresses are incorrect in any way, make changes. Correct information and enter correction below.

2. Mailing Address 21 22941 S STATE RD 7	2a. Principal Place of Business 26	5. Certificate of Status Desired $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	
City & State 23 BOCA RATON FL.	City & State 28		
Zip / Country 24 / 25	Zip / Country 29 / 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

A. JACKSON
1800 SO OCEAN DRIVE #1004
POMPANO BEACH FL 33062

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 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	P	11 TITLE	MAIL CORRESPONDENCE
12 NAME	GODSKIND PAUL	12 NAME	TO
13 STREET ADDRESS	SAME	13 STREET ADDRESS	7 TAMARACK LANE
14 CITY-ST-ZIP		14 CITY-ST-ZIP	POMONA NJ 10970
21 TITLE	PRESIDENT	21 TITLE	
22 NAME	PAUL GODSKIND	22 NAME	
23 STREET ADDRESS	7340 N.W. 35th. CT	23 STREET ADDRESS	
24 CITY-ST-ZIP	LAUDERHILL FL 33319	24 CITY-ST-ZIP	
31 TITLE		31 TITLE	PRESIDENT
32 NAME		32 NAME	PAUL GODSKIND
33 STREET ADDRESS		33 STREET ADDRESS	7340 NW 35th CT
34 CITY-ST-ZIP		34 CITY-ST-ZIP	LAUDERHILL FL 33319
41 TITLE		41 TITLE	
42 NAME		42 NAME	
43 STREET ADDRESS		43 STREET ADDRESS	
44 CITY-ST-ZIP		44 CITY-ST-ZIP	
51 TITLE		51 TITLE	500001518255
52 NAME		52 NAME	-06/20/95--01116--009
53 STREET ADDRESS		53 STREET ADDRESS	****200.00 ****200.00
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	5/6/19
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 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)(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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ PRES 5/1/95 954-354-5118
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL GODSKIND

0087637