FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:15

DOCUMENT # P94000004134 (0)

1. Corporation Name
TRAVELING FURNITURE LEGENDS, INC.

Principal Place of Business	Mailing Address
~~680 BENITAWOOD CT~~ ~~WINTER SPRINGS FL 32708~~	~~680 BENITAWOOD CT~~ ~~WINTER SPRINGS FL 32708~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/10/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 5412 ALOHA DR
22: Suite, Apt. #, etc.
23: City & State: St. Pete Beach, FL
24: Zip: 33706
25: Country: USA

2a. Mailing Address
26: 5412 ALOHA DR
27: Suite, Apt. #, etc.
28: City & State: ST. Pete Beach FL
29: Zip: 33706
30: Country: USA

4. FEI Number: 59-3217950 ☐ 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

9. Name and Address of Current Registered Agent

SCHULMAN, FRED D
~~680 BENITAWOOD CT~~
~~WINTER SPRINGS FL 32708~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 5412 ALOHA DR.
83:
84 City: St. Pete Beach FL 85 Zip Code: 33706

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] Fred D. Schulman 3-20-95
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☒ Change ☐ Addition
NAME	SCHULMAN, FRED D	12 NAME	
STREET ADDRESS	680 BENITAWOOD CT	13 STREET ADDRESS	5412 ALOHA DR
CITY-ST-ZIP	WINTER SPRINGS FL 32708	14 CITY-ST-ZIP	St. Pete Beach FL 33706
TITLE	ST	21 TITLE	☒ Change ☐ Addition
NAME	SCHULMAN, BETH-ANN	22 NAME	
STREET ADDRESS	680 BENITAWOOD CT	23 STREET ADDRESS	5412 ALOHA DR
CITY-ST-ZIP	WINTER SPRINGS FL 32708	24 CITY-ST-ZIP	St. Pete Beach FL 33706
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
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 this 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] 4/15/95 813/363-7139
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #