

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000004134 (0)

1. Corporation Name

TRAVELING FURNITURE LEGENDS, INC.



Principal Place of Business

Mailing Address

5412 ALOHA DR
ST PETE BEACH FL 33706
US

5412 ALOHA DR
ST PETE BEACH FL 33706
US

3. Date Incorporated or Qualified
01/10/1994

3a. Date of Last Report
03/24/1995

2. Principal Place of Business
21 395 SANFORD AVE
Suite, Apt. #, etc

2a. Mailing Address
26 395 SANFORD AVE
Suite, Apt. #, etc

4. FEI Number
59-3217950

Applied For
Not Applicable

22 City & State
23 LONGWOOD FL
24 Zip 32750 25 Country

27 City & State
28 LONGWOOD FL
29 Zip 32750 30 Country

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
5412 ALOHA DR
ST PETE BEACH FL 33706

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
395 SANFORD AVE
83
84 City LONGWOOD FL 85 Zip Code 32750

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 607.0508, Florida Statutes.

SIGNATURE Fred D. Schulman

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6/22/96

12. OFFICERS AND DIRECTORS

TITLE P
NAME SCHULMAN, FRED D
STREET ADDRESS 5412 ALOHA DR
CITY-ST-ZIP ST PETE BEACH FL ☐ DELETE

TITLE ST
NAME SCHULMAN, BETH-ANN
STREET ADDRESS 5412 ALOHA DR
CITY-ST-ZIP ST PETE BEACH FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 395 SANFORD AVE
1.4 CITY-ST-ZIP LONGWOOD FL 32750

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 395 SANFORD AVE
2.4 CITY-ST-ZIP LONGWOOD FL 32750

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Fred D. Schulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96

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CR2E034 (3/96)