

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

395 SANFORD AVE
LONGWOOD FL 32750
US

395 SANFORD AVE
LONGWOOD FL 32750
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/10/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHULMAN, FRED D
5412 ALOHA DR
ST PETE BEACH FL 33708

81 Name

Boyle + Schulman PA

82 Street Address (P.O. Box Number is Not Acceptable)

682 Maitland Ave #2

83

84 City

Altamonte Springs

FL

85 Zip Code

32701

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

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

Beth Schulman

(NOTE: Registered Agent signature required when reinstalling)

2-23-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P
SCHULMAN, FRED D
395 SANFORD AVE
LONGWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

ST
SCHULMAN, BETH-ANN
395 SANFORD AVE
LONGWOOD FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

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14. I hereby certify that the information supplied with this filing 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, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address

SIGNATURE:

Fred Schulman

2-23-98 407 3390022

CR2E034 (10/97)