

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000004552 (3)

1. Corporation Name

FLORIDA UNCLAIMED FURNITURE, INC.



Principal Place of Business

2099 W ATLANTIC BLVD
SUITE 208
POMPANO BEACH FL 33069

Mailing Address

2099 W ATLANTIC BLVD
SUITE 208
POMPANO BEACH FL 33069

2. Principal Place of Business

2a. Mailing Address

21 State, Apt #, etc.

22 City & State

23 Zip Country

24 25

26 State, Apt #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HERNANDEZ, DAVID
210 N UNIVERSITY DR SUITE 502
SUITE 1000
CORAL SPRINGS FL 33071

3. Date Incorporated or Qualified

01/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0474380

Applied For

Not Applicable

5. Grade and 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

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 607.1505, 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 of the person who is the registered agent

Signature of the person who is the president or principal officer

DATE

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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D
DIENES, DAVID
11175 NW 45TH ST
CORAL SPRINGS FL 33065

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100. CITY, ST, ZIP

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04/08/96--01021--000

***200.00

I certify that the information supplied in 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 included 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 by an officer or director of the corporation or the registered or authorized employee to execute this report as required by Chapter 607, Florida Statutes, and that my name is in Block 13 if changed, or in an after name with an address.

Signature and typed or printed name of signing officer or director
DAVID DIENES 3/25/96

954-968-8557

CR2E034 (12/95)