

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

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95 FEB 17 PM 2:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000006924 (2)

1. Corporation Name

STEWART FURNITURE INDUSTRIES, INC.

Principal Place of Business

**1618 S.E. VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952**

Mailing Address

**1618 S.E. VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1994

3a. Date of Last Report

2. Principal Place of Business

21 **1673 S. Niemeyer Circle**

2a. Mailing Address

26 **1673 S. Niemeyer Circle**

4. FEI Number

65-0463257

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

City & State

23 **Port St. Lucie, FL 34952**

City & State

28 **Port St. Lucie, FL**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

Zip

Country

24 **34952** 25 **U.S.A.**

Zip

Country

29 **34952** 30 **U.S.A.**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**KOSSIN, ANDREW M
1618 S.E. VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name

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

1673 S. Niemeyer Circle

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE

*Authorized Street or Limited Partner of registered agent and not an officer

REGD. Registered Agent signature required when registering

(JAF)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, ST, ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, ST, ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY, ST, ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, ST, ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY, ST, ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY, ST, ZIP

Change Addition
**P
Simon, Stewart
1673 S. Niemeyer Circle
Port St. Lucie, FL 34952**

Change Addition
**V
Kossin, Andrew M.
1673 S. Niemeyer Circle
Port St. Lucie, FL 34952**

Change Addition

Change Addition

Change Addition

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exception stated in Section 119.07(3)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stewart Simon

02/16/95

407-385-4019

Tallahassee, Florida