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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVIS:ON OF CORPORATIONS

## DOCUMENT # P9400032941 (4)

Country

9. Name and Address of Current Registered Agent

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Corporation Name

**FURNITURE PLUS, INC.** 

Principal Place of Busines	3\$
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Maling Address

2a. Mailing Address

City & State

Ζφ

Suite, Apt. #, etc.

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5180 W ATLANTIC AVE DELRAY BEACH FL 33484

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

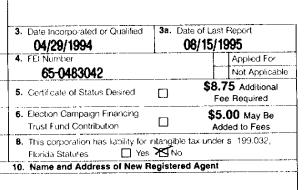
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Zip

5180 W ATLANTIC AVE DELRAY BEACH FL 33484



SHEPARD, ATTY J 5355 TOWNCENTER RD BOCA RATON FL 33486

	84	City	FL	85	Zip Code
tne abc	ve-r	named corporation submits this stateme	ent for the purpose of chan-	ging	its registered office

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

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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typistor protections of registered layer a 1 to 1 layer at 10 per 11 per 11 per 10 per 11 per 11

Country

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12.	OFFICERS AND DIRECTOR	7S	13.	ADDITIONS/CHANGES 10 OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1 1 TILLE	☐ Change ☐ Addition
NAME	SHALAN, JANICE		1.2 NAMe	
STREET ADDRESS	5180 W/ATLANTIC AVE		1 3 STREET ADDRESS	
CITY-St-ZIP	DELRAY BEACH FL		14 CITY - ST - Z P	
TITLE	PRESIDENT	☐ DELFTE	2 1 111116	Change Addition
NAME	HUIENE WEXER		2.2 NAME	
STREET ADOPESS	PRESIDENT HELENE WEXLER 5140 W. ATTAMILANE DELRAY BEACH, FLA 3		2.3 SIREET ADDRESS	
CITY-ST-ZIP	DELANY BEACH FLA 3	3484	2 4 CHY S1-7#	
TITLE		[] DELETE	3 1 11/11.5	☐ Change ☐ Addition
NAME			3.2 NAM:	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CIT+ - S1 - Z-P	
TITLE		DELETE	4 1 TITLE	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIF	Photo In Addition
TITLE	1	DETETE	5 1 TIFLE	Change Addition
NAME			52 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY+ST-ZIP			5.4 CI*Y - S*-7IP	
TITLE		DELFIF	6 1 THUE	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 City - St - ZiP	

14. If 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 suppremental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the conjugation 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/96 ..

407-637-0580

CR2E034 (12/95)