

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. Mathan
Secretary of State
Tallahassee, Florida 32399-0001

FILED
SECRETARY OF STATE
CORPORATIONS

DOCUMENT # **P94000038194 (4)**

95 MAY - 1 AM 10: 22

SHAFLE CUSTOM FURNITURE, INC.

Principal Place of Business: 5716 ROOMAN ST HOLLYWOOD FL 33023
Mailing Address: 5716 ROOMAN ST HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

2. Previous Date of Reporting		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	27	28	05/16/1994	
22		27		4. Filing Number	Applied For
23		28		65-048497	Not Applicable
24		29		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25		30		6. Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
26		31		7. This corporation has liability for retroactive tax under 26 USC 1361(d)	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MANCINI, FRANK J 2128 HOLLYWOOD BLVD HOLLYWOOD FL 33020				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City, State, Zip Code			

11. I, the undersigned, do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 1361(d)(5), 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. I am personally or directly in charge of the preparation of this report or I am personally responsible for its preparation, and that my name appears on Block 12 or Block 13 of this report or on an affidavit with an address.

12. OFFICERS AND DIRECTORS: 13. ADDITIONAL OFFICERS, DIRECTORS, AND REGISTERED AGENTS:

NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	TYPE OF OFFICER	DATE OF CHANGE
PTD SHAFFER, LEROY	356 CITY VIEW DR	FT LAUDERDALE	FL	33311	Change	
					Change	
					Change	
					Change	
					Change	
					Change	
					Change	
					Change	
					Change	
					Change	

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SIGNATURE: *Leroy Shafer* 4-27-95 964-5043
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President