CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

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

FILED Apr 29 1997 8:00am Secretary of State

DOCUMENT #	P94000038340	(3)
FUTONS TO GO, IN	IC.	

Principal Plac 20665 LYONS A-1 BOCA RATON	e of Business	Mailing Address 2065 LYONS RD. A-1 BOCA RATON FL 33434-39	37		
us us			 Date Incorporated or Qualified 05/20/1994 	3a. Date of Last Report 08/16/1996	
Principal P	lace of Business	2a, Mailing Address	<u> </u>	4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applica
Suite, Apt	#, etc	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
City & Stat	0	City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032
24	25	29	30	Florida Statutes	Yes No
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New I	Registered Agent
	ER, J G		81 Name		
1	85 Lyons RD		82 Street Ad	Idress (P.O. Box Number is Not Accept	table)
A-1)		· · · · · · · · · · · · · · · · · · ·
BO	CA RATON FL 33434		63		
}			84 City	,	85 Zip Code
				progration submits this statement for the ration's board of directors. I hereby acc	FL 85 Zip Code
SIGNATURE	Stgrature. Typed or printed name of registered		Registered Agent signature red	guired when reinstating)	DATE FICERS AND DIRECTORS IN 12
TITLE	POST	☐ DELETE	1.1 TITLE	7.55111011070777,10E0 7.0 0.11	Change Addi
NAME	IVLER, J G		1.2 NAME		
STREET ADDRESS	5849 NW 21ST AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 City - St - ZIP		
TITLE		DELETE	2.1 TITLE		Change Addi
NAME			2.2 NAME		
STREET AUDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY - ST - ZIP		
11TLF		☐ DELETE	3.1 TITLE		Change Addi
NAME		1	32 NAME		
STREET AUDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addi
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY-ST-ZIP		
THE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addi
NAME			5.2 NAME		
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TITLE		☐ DELETE	61 TITLE		Change L Addi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ł		6.4 CITY-ST-ZIP		

14. I do 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 chapted, or on an attachment with an address.

SIGNATURE: