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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000054898 (9)

1. Corporation Name

FUTONS 4 LESS, INC.

Principal Place of Business

954 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

Mailing Address

954 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/25/1994

3a. Date of Last Report

2. Principal Place of Business

21 1321 EAST ALTAMONTE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

OR

27 Suite, Apt. #, etc.

23 City & State

ALTAMONTE SPRINGS, FL

28 City & State

29 City & State

24 Zip

32701

25 Country

USA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

SPAYTH, LARRY
954 EAST ALTAMONTE DRIVE
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent

81 Name

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

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84 City

85 Zip Code

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SIGNATURE

LARRY SPAYTH

4-26-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

STREET ADDRESS

CITY ST ZIP

TITLE

NAME

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STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 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

14. I 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(1)(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. 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 changed, or in an attachment with an address.

SIGNATURE:

LARRY SPAYTH

4-26-95 331 7400

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Day/Month/Year)