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

PROFIT CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 25 1997 8:00am Secretary of State

DOCUMENT # P9400080168 (5)  THE PRICE IS RIGHT FURNITURE, INC.  Principal Place of Business  Mailing Address												
SANASUIA FL	3423	•	SANAS		237		3. Date Inco	rporated or Qualified	J	Date of La		
		<u> </u>	7.6-14		- ·		11/01/19		04	1/26/199		
Zi Principal Pi 21)	lace of Business		28. Ma	iling Address			4. FEI Numb			-	Applied F	
Suite, Apt	#, etc			ite, Apt. #, etc.				<del>,</del>		\$8.7	5 Addition	
22			27					of Status Desired			e Required	
City & State	Ú		28 Cit	y & State				Campaign Financing d Contribution		•	<b>00</b> May B	
<b>23</b> Zip	Cour	ntry	Zip	)	Cou	ntry		oration has liability for				
24	25		29		30		Florida St	atules	Yes	☐ No		
	9. Name and Add	Iress of Curren	t Registere	d Agent		81 Name	10. Name an	d Address of New I	Registere	d Agent		
DAVIS	S, NANCY	244 6	મજ્ભ	is Au	<u>چ</u> .					·-,···	· · · · · · · · · · · · · · · · · · ·	
4.44	A CONTRACTOR OF THE PARTY OF TH	~ · ( •	-		-	82 Street Add	iress (P.O. Box Ni	umber is Not Accept	iable)			
SARA	ASOTA FL OFFERS	<b></b>		<b>-</b> T		83	<del></del>		+ <del></del>			
		3453	7 •			84 City				. 85	Zip Code	
						Ì			F			
11. Pursuant t	to the provisions of Si registered agent, or be	ections 607.050 oth, in the State	2 and 607.1	1508, Florida Statu Such change was	tes, the a	xove-named cor	poration submits	this statement for the	e purpose cent the a	or changi ppointmen	t as teoiste	tered red
office or re agent. Lar SIGNATURE	to the provisions of Si egistered agent, or b in familiar with, and a	oth, in the State ccept the obliga	of Florida ations of, Se	Such change was action 607.0505, F	authorize orida Stat	ove-named cor by the corpora utes.	ation's board of di	this statement for the rectors. I hereby acc	e purpose cept the a	ppointmen	t as registe	red
office or reagent. Lar agent. Lar SIGNATURE.	egistered agent, or burn familiar with, and a	oth, in the State ccept the obliga	of Florida Sations of, Se	Such change was oction 607.0505, F	authorize orida Stat E Registeres 13.	I by the corpora utes.	ition's board of di	this statement for the rectors. I hereby acc	DATE	ppointmen	t as registe	red
office or reagent. Lar SIGNATURE.	egistered agent, or bi in familiar with, and a Signative typed or printed in	oth, in the State ccept the obliga arie of registered age	of Florida Sations of, Se	Such change was oction 607.0505, F	authorized orida Stat E Registered 13.	I by the corpora utes.  Agent signature requ	ition's board of di	rectors, I hereby acc	DATE	ppointmen	t as registe	red
office or reagent. Lar agent. Lar SIGNATURE.  12. THE NAME	egistered agent, or bi rri familiar with, and a Signoure typestor pointed in DP DAVIS, NANCY	oth, in the State coept the obligation of registered age.  OFFICERS ANI	of Florida Sations of, Se	Such change was oction 607.0505, F	authorize orida Stat E Registere 13. 1.1 Ti	I by the corpora utes.  Agent signature requ  LE	ition's board of di	rectors, I hereby acc	DATE	ppointmen	t as registe	red
office or reagont. Landscape 12.  110.  NAME STREEL ADDRESS	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was oction 607.0505, F	authorized orida Stat E Registered 13. 1.1 Ti 1.2 N/ 1.3 S1	d by the corpora utes.  Agent signature require  LE  ME  REET ADDRESS	ition's board of di	rectors, I hereby acc	DATE	ppointmen	t as registe	red
office or reagent. Lar signature. Signature.	egistered agent, or bi rri familiar with, and a Signoure typestor pointed in DP DAVIS, NANCY	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was oction 607.0505, F	authorized orida Stat E Registered 13. 1.1 Ti 1.2 N/ 1.3 S1	I by the corpora  I Agent signature requ  LE  ME  REET ADDRESS  IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	ppointmen	TORS IN 1	red
office of reagent. Landscape 1.2.  TILE NAME STREET ADDRESS CHY-SL-ZIP	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was setion 607 0505, F	authorized orida Stal E Registered 13. 1.1 Ti 12 No 1.3 SI	d by the corporautes.  Agent signature requires  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	ition's board of di	rectors, I hereby acc	DATE	ippointmen	TORS IN 1	red 2 ddition
office or reagont. Landscape 1.2.  THE NAME.  STREEL ADDRESS. CHY-SL-ZIP.  THE	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was setion 607 0505, F	authorize- orida Stal  E Registere- 13. 1.1 Ti 12 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si	Agent signature requirements  Agent signature requirements  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS	ition's board of di	rectors, I hereby acc	DATE	ippointmen	TORS IN 1	red 2 ddition
office or reagont. Lair agont. Lair SIGNATURE.  12. THE NAME. STREEL ADDRESS. CITY ST. ZIP. TITLE NAME. STREEL ADDRESS. CITY ST. ZIP.	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was oction 607 0505, F  picative. (NO RS  DELETE	authorize- orida Stal  E Registere- 13. 1.1 Ti 12 N 1.3 Si 1.4 Ci 2.1 Ti 2.2 N 2.3 Si 2.4 C	Agent signature requirements  Agent signature requirements  ME REET ADDRESS IY-ST-ZIP  LE ME REET ADDRESS IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1	red 2 ddition
office or reagont. Lair agont. Lair signature.  12. THE NAME. STREEL ADDRESS. CITY ST-ZIP. THE NAME. STREEL ADDRESS. CITY ST-ZIP. THE TADDRESS.	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was setion 607 0505, F	authorize- orida Stal  [E Registerer  13.  1.1 Ti  1.2 N/  1.3 SI  1.4 CI  2.1 Ti  2.2 N/  2.3 SI  2.4 C  3.1 Ti	I by the corpora utes.  Agent signature requ  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	ition's board of di	rectors, I hereby acc	DATE	ippointmen	TORS IN 1	red 2 ddition
office or reagont. Lair agont. Lair SIGNATURE.  12. THE NAME. STREEL ADDRESS. CITY ST. ZIP. TITLE NAME. STREEL ADDRESS. CITY ST. ZIP. CITY ST. ZIP.	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was oction 607 0505, F  picative. (NO RS  DELETE	authorize- orida Stal  1	I by the corpora utes.  Agent signature requ  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1	red 2 ddition
office or reagont. Lair signature.  12. THE NAME STREEL ADDRESS CITY ST-ZIP TITE NAME STREEL ADDRESS CITY ST-ZIP THE NAME	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was action 607 0505, F  Dicable (NO RS DELETE DELETE DELETE	authorize- orida Stal  1 3.  1.1 Ti  1.2 N/  1.3 SI  1.4 CI  2.1 Ti  2.2 N/ 2.3 SI  2.4 CC  3.1 Ti  3.2 N/ 3.3 S'	I by the corpora utes.  Agent signature requ  LE  ME  REE1 ADDRESS  IY-ST-ZIP  LE  ME  REE1 ADDRESS  IY-ST-ZIP  LE  ME  ME  REE1 ADDRESS	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1	red 2 ddition
office or reagont Tail SIGNATURE  12. THE NAME STREEL ADDRESS CITY-SL-ZIP HTLE NAME STREEL ADDRESS CRY SL-ZIP THLE NAME STREEL ADDRESS STREEL ADDRESS	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was oction 607 0505, F  picative. (NO RS  DELETE	authorize- orida Stal  1 3.  1.1 Ti  1.2 N/  1.3 SI  1.4 CI  2.1 Ti  2.2 N/ 2.3 SI  2.4 CC  3.1 Ti  3.2 N/ 3.3 S'	I by the corpora utes.  Agent signature requ  LE  ME  REE1 ADDRESS  IY-ST-ZIP  LE  ME  REE1 ADDRESS  IY-ST-ZIP  LE  ME  REE1 ADDRESS  IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1 nge	red 2 ddition
office or reagont. Lair agont. Lair agont. Lair SIGNATURE.  112.  1111.  NAME.  STREEL ADDRESS.  CITY STUPE.  THE STREEL ADDRESS.  CITY STUPE.  NAME.  STREEL ADDRESS.  CITY STUPE.  NAME.  STREEL ADDRESS.  CITY STUPE.	egistered agent, or be ru familiar with, and a Segucire typest or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was action 607 0505, F  Dicable (NO RS DELETE DELETE DELETE	authorize- orida Stal  E Registere-  13.  1.1 Ti  12 N/  1.3 SI  1.4 CI  2.1 Ti  2.2 N/  2.3 SI  2.4 C  3.1 Ti  3.2 N/  3.3 S'  3.4 C	I by the corpora utes.  Agent signature requ  LE  ME REET ADDRESS  IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  ME REET ADDRESS  IY-ST-ZIP  LE  ME REET ADDRESS	ition's board of di	rectors, I hereby acc	DATE	ND DIRECT Char	TORS IN 1 nge	2 2 2 ddition
office or reagont. Lair agont. Lair agont. Lair signature.  12.  Title NAME STREEL ADDRESS CITY SLIZIP TITLE NAME STREEL ADDRESS CITY SLIZIP TITLE NAME STREEL ADDRESS CITY SLIZIP TITLE NAME STREEL ADDRESS STREEL ADDRESS	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was action 607 0505, F  Dicable (NO RS DELETE DELETE DELETE	authorize- orida Stal  [E Registerer  13.  1.1 Ti  12 N/  1.3 SI  1.4 CI  2.1 Ti  2.2 N/  2.3 SI  2.4 C  3.1 Ti  3.2 N/  3.3 SI  4.1 Ti  4.2 N/  4.3 SI	I by the corpora utes.  Agent signature requ  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS REET ADDRESS REET ADDRESS	ition's board of di	rectors, I hereby acc	DATE	ND DIRECT Char	TORS IN 1 nge	2 2 2 ddition
office of reagont Tail agent Tail SIGNATURE  12. THE NAME STREELADORESS CHY-SL-ZIP	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida S ations of, Se or and tile if app	Such change was action 607 0505, F  DELETE  DELETE  DELETE  DELETE	authorize- orida Stal  1 3.  1.1 Ti  1.2 Ni  1.3 SI  1.4 CI  2.1 Ti  2.2 Ni  2.3 SI  2.4 CC  3.1 Ti  3.2 Ni  3.4 CC  4.1 Ti  4.2 Ni  4.3 SI  4.4 CI  4.4 CI	I by the corpora utes.  Agent signature requ  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1 TORS IN A	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
office of reagont Tail agent Tail SIGNATURE  12. THE NAME STREELADORSS CITY ST. 7/P THE NAME STREELADORSS CHY ST. 7/P THE	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was action 607 0505, F  Dicable (NO RS DELETE DELETE DELETE	authorize- orida Stal  [E Registerer  13.  1.1 Ti  12 N/  1.3 SI  2.1 Ti  2.2 N/  2.3 SI  2.4 CC  3.1 Ti  4.2 N/  4.3 SI  4.4 CI  5.1 Ti	I by the corpora utes.  Agent signature requ  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS	ition's board of di	rectors, I hereby acc	DATE	ND DIRECT Char	TORS IN 1 TORS IN A	2 2 2 ddition
office or reagont. Lair agont. Lair agont. Lair signature.  12.  Title NAME STREEL ADDRESS CITY-SL-ZIP TITLE NAME STREEL ADDRESS CHTY-SL-ZIP	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was action 607 0505, F  DELETE  DELETE  DELETE  DELETE	authorize- orida Stal  (E. Registerer  13. 1.1 Ti 12 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 SI 2.4 C 3.1 Ti 3.2 N/ 3.3 SI 3.4 Ti 4.2 N/ 4.3 SI 4.4 CI 5.1 Ti 5.2 N/	I by the corpora utes.  Agent signature requ  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1 TORS IN A	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
office of reagont. Lair agont. Lair agont. Lair signature.  12.  Title NAME STREEL ADDRESS CITY SLIZIP TITLE NAME STREEL ADDRESS CITY SLIZIP TITLE NAME STREEL ADDRESS CITY SLIZIP TITLE NAME STREEL ADDRESS CHY SLIZIP TITLE NAME STREEL ADDRESS CHY SLIZIP TITLE NAME	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was action 607 0505, F  DELETE  DELETE  DELETE  DELETE	authorize- orida Stal  (E Registerer  13. 1.1 Ti 12 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 SI 2.4 C 3.1 Ti 3.2 N/ 3.3 SI 3.4 CI 4.1 Ti 4.2 N/ 4.3 SI 4.4 CI 5.1 Ti 5.2 N/ 5.3 S'	I by the corpora utes.  I Agent signature requ  LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1 TORS IN A	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Office or reagont. Lair agont.	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was action 607 0505, F  DELETE  DELETE  DELETE  DELETE	authorize- orida Stal  (E Registerer  13. 1.1 Ti 12 N/ 1.3 SI 1.4 CI 2.1 Ti 2.2 N/ 2.3 SI 2.4 C 3.1 Ti 3.2 N/ 3.3 SI 3.4 CI 4.1 Ti 4.2 N/ 4.3 SI 4.4 CI 5.1 Ti 5.2 N/ 5.3 S'	I by the corpora utes.  I Agent signature required  I E ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE AME REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP LE REET ADDRESS IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	IND DIRECT Char	TORS IN 1 TORS IN 1 TORS IN A TORS IN A	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Office or reagont. Lair agont.	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was action 607 0505, F  DELETE  DELETE  DELETE  DELETE  DELETE	authorize- orida Stal  (E Registerer  13. 1.1 Ti 12 N/ 1.3 Si 1.4 Ci 2.1 Ti 2.2 N/ 2.3 Si 2.4 C 3.1 Ti 3.2 N/ 3.3 Si 3.4 Ci 4.1 Ti 4.2 N/ 4.3 Si 4.4 Ci 5.1 Ti 5.2 N/ 5.3 S' 5.4 Ci	I by the corpora  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  REET ADDRESS  IY-ST-ZIP  LE  REET ADDRESS  IY-ST-ZIP  LE  REET ADDRESS  IY-ST-ZIP  REET ADDRESS  IY-ST-ZIP  REET ADDRESS  IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	D DIRECTOR Character Chara	TORS IN 1 TORS IN 1 TORS IN A TORS IN A	2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Office or reagont. Lair agont. Lair agont. Lair signature.  12. The name. Street adoress. City-SL-7/P. The name. Street adoress. City-SL-7/P. The name. Street adoress. City-SL-7/P. The name. Street address.	egistered agent, or be record agent, and a segment types or printed in DP DAVIS, NANCY 15 CROSS ROAD	oth, in the State coept the obligation of registered age OFFICERS AND	of Florida Sations of, Se	Such change was action 607 0505, F  DELETE  DELETE  DELETE  DELETE  DELETE	authorize- orida Stal  13. 1.1 Ti 12 N/ 1.3 Si 1.4 Ci 2.1 Ti 2.2 N/ 2.3 Si 2.4 Ci 3.1 Ti 3.2 N/ 3.3 Si 3.4 Ci 4.1 Ti 4.2 N/ 4.3 Si 4.4 Ci 5.1 Ti 5.2 N/ 5.3 Si 5.4 Ci 6.1 Ti 6.2 N/ 6.3 Si	I by the corpora  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  AME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  ME  REET ADDRESS  IY-ST-ZIP  LE  REET ADDRESS  IY-ST-ZIP  LE  REET ADDRESS  IY-ST-ZIP  LE  REET ADDRESS  IY-ST-ZIP  REET ADDRESS  IY-ST-ZIP  REET ADDRESS  IY-ST-ZIP	ition's board of di	rectors, I hereby acc	DATE	D DIRECTOR Character Chara	TORS IN 1 TORS IN 1 TORS IN A TORS IN A	2 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3