FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 28 AM 10:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000086280 (2)

1. Corporation Name

EROTIC FURNITURE INTERNATIONAL, INC.

Principal Place of Business
P.O. BOX 151302
ALTAMONTE SPRINGS FL 32715

Mailing Address
P.O. BOX 151302
ALTAMONTE SPRINGS FL 32715

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/28/1994

3a. Date of Last Report

4. FEI Number: 59-3360792 — Applied For / Not Applicable

2. Principal Place of Business: 21 / Suite, Apt. #, etc.: 22 / City & State: 23 / Zip: 24 / Country: 25

2a. Mailing Address: 26 / Suite, Apt. #, etc.: 27 / City & State: 28 / Zip: 29 / Country: 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032 Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRAFT, JAMES Z
311 GEORGIA AVE.
LONGWOOD FL 32750

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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

SIGNATURE ______ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	11 TITLE ☐ Change ☐ Addition
NAME	CRAFT, JAMES Z	12 NAME
STREET ADDRESS	P.O. BOX 151302 N/A	13 STREET ADDRESS
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32715	14 CITY-ST-ZIP
TITLE	D	21 TITLE ☐ Change ☐ Addition
NAME	CRAFT, JAMES Z JR.	22 NAME
STREET ADDRESS	P.O. BOX 151302 N/A	23 STREET ADDRESS
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32715	24 CITY-ST-ZIP
TITLE	D	31 TITLE ☐ Change ☐ Addition
NAME	SIMPSON, LEONARD	32 NAME
STREET ADDRESS	P.O. BOX 151302 N/A	33 STREET ADDRESS
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32715	34 CITY-ST-ZIP
TITLE		41 TITLE ☐ Change ☐ Addition
NAME		42 NAME
STREET ADDRESS		43 STREET ADDRESS
CITY-ST-ZIP		44 CITY-ST-ZIP
TITLE		51 TITLE ☐ Change ☐ Addition
NAME		52 NAME
STREET ADDRESS		53 STREET ADDRESS
CITY-ST-ZIP		54 CITY-ST-ZIP
TITLE		61 TITLE ☐ Change ☐ Addition
NAME		62 NAME
STREET ADDRESS		63 STREET ADDRESS
CITY-ST-ZIP		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(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 changed, or on an attachment with an address.

SIGNATURE: ______ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 Date — 407 834-1403 Daytime Phone #

0413832 FP