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 MAY -1 AM 10: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000087986 (3)

1. Corporation Name
FURNITURE CENTER OF FORT LAUDERDALE INC

800001478428
-05/08/95--01028--019
DO NOT WRITE IN THIS SPACE ****200.00 ****200.00

Principal Place of Business	Mailing Address
1800 SOUTH OCEAN BLVD. SUITE 1004 POMPANO BEACH FL 33062	1800 SOUTH OCEAN BLVD. SUITE 1004 POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 12/05/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 1157 BANKS ROAD
22: Suite, Apt. #, etc.: —
23: City & State: MARGATE FLORIDA
24: Zip: 33063
25: Country:

2a. Mailing Address
26: 1157 BANKS ROAD
27: Suite, Apt. #, etc.: —
28: City & State: MARGATE FL 3
29: Zip: 33063
30: Country: —

4. FEI Number: 65-0538697 ☐ Applied For ☐ Not Applicable

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

JACKSON, ALEXANDER
1800 SOUTH OCEAN BLVD.
SUITE 1004
POMPANO BEACH FL 33062

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: Alexander Jackson — 4/24/95
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) (Date)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	11 TITLE: S Secretary 12 NAME: Mark Cohn 13 STREET ADDRESS: 1157 Banks Road 14 CITY ST ZIP: Margate Florida 33063 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE: P 22 NAME: Mark Cohn 23 STREET ADDRESS: 1157 Banks Road 24 CITY ST ZIP: Margate Fl. 33063 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP ☐ Change ☐ Addition

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: Mark Cohn — 4/25/95 — 305-944-9460
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

D10402P CP