

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

0578397

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90187 007 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P94000091121**  
 1. Corporation Name  
**RTG FURNITURE CORP. OF GEORGIA**

Principal Place of Business 11540 HWY 92 E SEFFNER FL 33584	Mailing Address 11540 HWY 92 E SEFFNER FL 33584
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/16/1994	
21		26		4. FEI Number 59-3299892	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip Country		29 Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHWARTZ, LARRY 11540 HWY 92 E SEFFNER FL 33584				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SEAMAN, JEFFREY			1.2 NAME			
STREET ADDRESS	11540 HIGHWAY 92 EAST			1.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FINKEL, JEFFREY			2.2 NAME			
STREET ADDRESS	11540 HIGHWAY 92 EAST			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL			2.4 CITY-ST-ZIP			
TITLE	TS	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEIN, LEWIS			3.2 NAME			
STREET ADDRESS	11540 HIGHWAY 92 EAST			3.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL			3.4 CITY-ST-ZIP			
TITLE	VAS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHWARTZ, LARRY			4.2 NAME			
STREET ADDRESS	11540 HIGHWAY 92 EAST			4.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL			4.4 CITY-ST-ZIP			
TITLE	ASS	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CLAESON, ROBERT			5.2 NAME			
STREET ADDRESS	11540 HIGHWAY 92 EAST			5.3 STREET ADDRESS			
CITY-ST-ZIP	SEFFNER FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date: 01/06/99 (813) 623-5400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Larry Schwartz

CR2E034 (1/98)