

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000091544 (4)**

1. Corporation Name

CONTRACT FURNITURE IDEAS, INC.



Principal Place of Business

**4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146**

Mailing Address

**4675 PONCE DE LEON BLVD
SUITE 305
CORAL GABLES FL 33146**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/13/1994

3a. Date of Last Report

05/01/1995

4. FFI Number

65-0566797-58-2160402

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

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 607.0102 and 607.1542, 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. Thereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **S**
STREET ADDRESS **STINSON, LOUIS JR**
CITY-STATE-ZIP **4675 PONCE DE LEON BLVD SUITE 305**
CORAL GABLES FL

TITLE ☐ DELETE

NAME **DPAS**
STREET ADDRESS **SPEIGNER, PA**
CITY-STATE-ZIP **4675 PONCE DE LEON BLVD 805**
CORAL GABLES FL

TITLE ☒ DELETE

NAME **VP**
STREET ADDRESS **HOTALING, AE**
CITY-STATE-ZIP **4675 PONCE DE LEON BLVD 305**
CORAL GABLES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

SIGNATURE: **Patricia A. Speigner**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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)(k), 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.

CR2E034 (12/95)