

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 # **P95000005650 (3)**

1. Corporation Name

QUALITY FURNITURE REPAIR CO., INC.



Principal Place of Business

Mailing Address

**834 NORTH HART BLVD.
ORLANDO FL 32808**

**834 NORTH HART BLVD.
ORLANDO FL 32808**

3. Date incorporated or Qualified
01/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **525 ROPER PARK WAY**
Suite, Apt. #, etc.

26 **525 ROPER PARK WAY**
Suite, Apt. #, etc.

4. FEI Number
59-3265597

Applied For
Not Applicable

22 City & State

City & State

23 **OCOOE FLA**

28 **OCOOE FLA**

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip **34761**

25 Country **ORANGE**

29 Zip **34761**

30 Country **ORANGE**

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

10. Name and Address of New Registered Agent

**SHUSTER, RANDY L
404 TRANQUILLE OAKS DRIVE
OCOOE FL 34761**

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

Randy L. Shuster

Date Registered Agent Signature Required when Filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----------------|----------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SHUSTER, RANDY L | |
| STREET ADDRESS | 404 TRANQUILLE OAKS DRIVE | |
| CITY - ST - ZIP | OCOOE FL 34761 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | SHUSTER, TAMIE L | |
| STREET ADDRESS | 404 TRANQUILLE OAKS DRIVE | |
| CITY - ST - ZIP | OCOOE FL 34761 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | |
| 13. STREET ADDRESS | |
| 14. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22. NAME | |
| 23. STREET ADDRESS | |
| 24. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | |
| 33. STREET ADDRESS | |
| 34. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | |
| 43. STREET ADDRESS | |
| 44. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | |
| 53. STREET ADDRESS | |
| 54. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | |
| 63. STREET ADDRESS | |
| 64. CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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)(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.

SIGNATURE

Tamie L. Shuster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

407 654-1818

CR2E034 (12/95)