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
834 NORTH HART BLVD.
ORLANDO FL 32808

Mailing Address
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
21 525 ROPER PARK WAY
Suite, Apt. #, etc.
22
City & State
23 OCOEE FLA
Zip 24 34761
Country 25 ORANGE

2a. Mailing Address
26 525 ROPER PARK WAY
Suite, Apt. #, etc.
27
City & State
28 OCOEE FLA
Zip 29 34761
Country 30 ORANGE

4. FEI Number: 59-3265597 — 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**
SHUSTER, RANDY L
404 TRANQUILLE OAKS DRIVE
OCOEE FL 34761

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 Randy L Shuster — Signature of or printed name of registered agent or authorized agent — NOTE: Registered Agent's signature required when new or changed — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	SHUSTER, RANDY L	
STREET ADDRESS	404 TRANQUILLE OAKS DRIVE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE	STD	☐ DELETE
NAME	SHUSTER, TAMIE L	
STREET ADDRESS	404 TRANQUILLE OAKS DRIVE	
CITY-ST-ZIP	OCOEE FL 34761	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(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 — Tamie L. Shuster 4-30-96 — 407 654-1818
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)