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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # **P95000049577** (6)

FURNITURE EMPORIUM, INC.

Principal Place of Business

Mailing Address

1303-101 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33936 1303-101 HOMESTEAD ROAD NORTH LEHIGH ACRES FL 33936-6049

## FILED Apr 23 1997 8:00am Secretary of State



				3. Date Incorporated or Qualified 06/26/1995	3a. Date of La 04/30/199	
2. Principal Place of Business	2a. Mailing Address	h 0	0	4, FEI Number		Applied For
21 25 Homestead Road North	26 25 Homestean	d Koa	y north	65-0592402		Not Applicable
22 Unit 35 A	35 A 27 Unit 35 A			5. Certificate of Status Desired		75 Additional e Required
City & State	City & State	,	-,	6. Election Campaign Financing		.00 May Be
23 Lehigh Acres TI	28 Lchigh HCRE	<u>'S</u>	-	Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·	ded to Fees
Zip Country 25 USA	29 33936 3	Coun		8. This corporation has liability for in	tangible tax und Yes \( \square\) No	der s. 199.032,
24 33 3 3 6 25 USY 9. Name and Address of Current		<u>o</u> 4	sH	Florida Statutes  10. Name and Address of New Rec		
MORGAN, JOHN M				(U. Hallio and Addidas St How Hos	hatered Agent	
302 LEE BOULEVARD SUITE 102 LEHIGH ACRES FL 33936			81 Name  82 Street Address (P.O. Box Number is Not Acceptable)			
cernon rioned is dood		ē	3		<del></del>	·
		Į.	4 City	######################################	85	Zip Code
					FL	<u> </u>
<ol> <li>Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of agent. Fam familiar with, and accept the obligation.</li> </ol>	of Florida. Such change was auf	thorized	by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	urpose of chang t the appointmen	ing its registered it as registered
SIGNATURE Standard type doe printed name of regulated agen	t and tills if applicable (NOTE F	Partistared (	ceni sanahire rea.	ired when reinstating)	DATE	
12. OFFICERS AND DIRECTORS			tgott o grattare roqu	ADDITIONS/CHANGES TO OFFIC		TORS IN 12
TITLE D	D DELETE				☐ Cha	
NAME BURNS, RANDALL J		1.2 NAW	E			
STREET ADDRESS 1303-101 HOMESTEAD ROAD N	IORTH	1.3 STAI	ET ADDRESS			
CHY-ST-ZIP LEHIGH ACRES FL 33936		1.4 CITY	- \$1 - ZIP			
TITLE	DELETE	2.1 TITL	E	·	Cha	nge Addition
NAME		2.2 NAM	E			-
STREET ADDRESS		2.3 STRI	ET ADDRESS			
CHY-SE-ZIP		2. 4 CIT	/-ST-ZIP		-	
TOLE	☐ DELETE	3.1 TITL			☐ Cha	nge 🔲 Addition
KAME		3.2 NAM	E			
STREEL ADDRESS		3.3 STRI	ET ADDRESS			
C+1Y+S1+74P		3.4. CIT	/-ST-ZIP			
THE	DELETE	4.1 TITL	E		☐ Cha	nge L Addition
NAME		4. 2 NAM	AE :			
STREET ADDRESS		4.3 STRI	EFT ADDRESS			
City - St - ZiP	T per exe		-ST-ZIP		<u> </u>	
TOLE	☐ DELETE	5.1 TITL			L Cha	inge L Addition
NAME		5.2 NAM				
STREET ADDRESS		1	ET ADDRESS			
CHY-S1-7P	T DELETE	-	-ST-ZIP		Па	Ingo Addition
THE	☐ DELETE	61 TIFL			Cha	inge 🔲 Addition
NAME		6.2 NAM				
STREET ADDRESS		1	ET ADDRESS			
CITY - ST - ZIP	20 11 20 11		-ST-ZIP	od in Section 119.07(3)(i), Florida Statutes	- 12 - 27 - 27	

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.

COLLEGE PL 11/1/16

ED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/97

94/-368-3336