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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 07 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000059445 (3)

FLORIDA FURNITURE GALLERIES AT SAWGRASS, INC.

Principal Place of Business Mailing Address 13055 W. SUNRISE BLVD 4525 N.W. 37TH AVENUE MIAMI FL 33142-4229 SUNRISE FL 33323 3. Date Incorporated or Qualified 3a. Date of Last Report 08/08/1996 07/31/1995 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-0629091 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 **Trust Fund Contribution** Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔲 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SHAHEEN, RICHARD Q LAWRENCE H. GLAUBER 4622 NW 100 TER. 62 Street Address (P.O. Box Number is Not Acceptable)
4525 N.W. 37th Avenue **CORAL SPRINGS FL 33076** 83 City 33142 Miami ons 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered epi the bigations of Section 607.0506, Florida Statutes. 11. Pursuant office agen' 04/17/97 Lawrence H. Glauber / Director SIGNATURE Signalure, typical or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS_IN_12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE 1,1 TITLE D TITLE SHAHEEN, RICHARD LAWRENCE H. GLAUBER NAME 1.2 NAME 4822 NW 100 TER. 4525 N.W. 37th Avenue 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33076** Miami, FL 33142 1.4 CITY - ST-ZIP CITY-ST-ZIP Addition Change DELETE 21 TITLE THILE ECO, ORO V. NAME 22 NAME 4524 NW 37TH AVENUE 2.3 STREET ADDRESS STREET ACORESS MIAMI FL 2.4 CITY-ST-ZIP City-St-7P Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Addition DELETE Change 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY - ST - 7IP Change Addition DELETE 5.1 TITLE TILLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY-ST-ZIP CHY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS**

64 CITY-ST-ZIP

14. If do hereby certify that the information indicated on this argual 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 of t

Lawrence H. Glauber/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/97

(305) 633-0623

Daytime Phone #