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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000080179 (1)

SOFAS ETC. FURNITURE OUTLET OF DEERFIELD BEACH, INC.

NAME LIBERTY, KEN R 1.2 NAME 5375 NW 54 ST. 1.3 STREET ADDRESS CITY - ST - ZIP COCONUT CREEK FL 33073 1.4 CITY - ST - ZIP	Principal Place of Business Mailing Address								
10/16/1995 C5/01/1986 Applied For 21 22 25 26 Address 4. FEI Number Applied For 21 25 Suito April #, etc. Su	The state of the s								
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Suite, Apt #, etc Suite, Apt #, etc Suite, Apt #, etc P. 29	h1	lace of Business							
City & State Country Country Country Country Country Country Country Country Country R. This corporation has liability for intemptible tax under s. 199,032 Plotted Statutes Registered Agent LIBERTY, KEN R S375 NW 94 ST. COCONUT CREEK FL 33073 B31 Name COCONUT CREEK FL 33073 B32 Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33073 B33 Street Address (P.O. Box Number is Not Acceptable) CITY FL B5 Zip Code City FL Siz City FL B5 Zip Code City FL Siz City FL B5 Zip Code City FL Siz City City		H etc			·····	65*0611475	<u> </u>		
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25 29 30 Florida Statutes Ces No	⊢ ′	0				, ,			
LIBERTY, KEN R \$375 NW 54 ST. COCONUT CREEK FL 33073 B4	├ ┐ `	<u>├</u>				1			199.032,
LIBERTY, KEN R S375 NW 54 ST. COCONUT CREEK FL 33073 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 register of agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIRVEL ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P		e. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agen	t	
COCONUT CREEK FL 33073 83						ass (P.O. Box Number is Not Acceptab	le)	· · · · · · · · · · · · · · · · · · ·	
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 register agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE Signature tyted or printed name of registered agent and bite it applicable. (NOTE Registered Agent alginature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE P LIBERTY, KEN R SIREEL ADDRESS DIV: S1-ZIP TITLE S18TEET ADDRESS COCONUT CREEK FL 33073 14 CITY-S1-ZIP TITLE AMME 12 RAME 13 STREET ADDRESS CITY-S1-ZIP THEF DELETE 31 TITLE Change Add Add Add SIREEL ADDRESS CITY-S1-ZIP THEF DELETE 1.1 TITLE Change Add Add Add Add Add Add Add Ad						os (i.e. pox righted to the resolution			
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 register of agent. or both, in the State of Florida Statutes. SIGNATURE Signature byted or printed nerve of registered agent and bits if applicable. SIGNATURE Signature byted or printed nerve of registered agent and bits if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PUBERTY, KEN R SIREET ADDRESS CHY-ST-2IP TITLE DELETE 1.1 TITLE DELETE 2.1 TITLE Change Add Add SIREET ADDRESS CHY-ST-2IP ITILE DELETE 3.1 TITLE Change Add Add SIREET ADDRESS CHY-ST-2IP ITILE AMME SIREET ADDRESS CHY-ST-2IP SIREET ADDRESS CHY-ST-ZIP SIREET ADDRESS SIREET ADDRESS				84 C	ity		E1 85	Zip C	ode
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SIGNATURE:

TITLE NAME

STREET ADDRESS

CHY-SI-Zift

DELETE

6.1 TITLE

6.2 NAME

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental entural 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 faceiver 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Daytime Phone #

Change

Addition

FILED

May 07 1997 8:00am

Secretary of State