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 # P95000087080 (4) THE FURNITURE WORKS, INC.					
Principal Place of Business Mailing Address					
	STREET. MORTH Burg Fl 33710	2376 YORK STREE St. Petersburg i			
				3. Date Incorporated or Qualified 3a. Date of Last Report 11/14/1995	
2. Principal Place of Business		2a. Mailing Address 26		4. FEI Number Applied For S9-3342941 Not Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
City & State		City & State		Fee Required	
23		28		Trust Fund Contribution Added to Fees	
Ζ(ρ 24	Country 25	Zip 29	Country 30	8. This corporation has liability for intangible tax under s 199,032, Florida Statutes ☑ Yes □ No	
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registered Agent	
ROWF.	JAMES C ESQ.		81 Name) 	
100 2ND AVENUE, SOUTH SUIE 400N			B2 Street	Address (P.O. Box Number is Not Acceptable)	
			83		
ST. PET	ERSBURG FL 33701		84 City	85 Zip Code	
11 Pursuant to the provisions of Scotions 607 0500 and 007 4500 F			,		
	ted agent, or both, in the State of Fl th, and accept the obligations of, Se			corporation submits this statement for the purpose of changing its registered office is board of directors. I hereby accept the appointment as registered agent. I am	
SIGNATURE	_		.00.		
12.	Signature, typed or printed name of registered ag	ent and title if aspiricable AND DIRECTORS	(NOTE: Registered Agent signature		
TITLE	President	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	Sharon Fronk 2876 York Stru		1.2 NAME		
STREET ADDRESS	2376 York SATUL	at North	1.3 STREET ADDRESS		
CITY - ST - ZIP	5t. Petersbug F	L 33710	1.4 CITY-ST-ZIP		
TIFLE		☐ DELETE	2 1 TITLE	Change Addition	
NAME ETREET ADDRESS			2.2 NAME		
STREET ADDRESS CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		☐ DELETE	2.4 CITY - ST - ZIP 3. 1 TITLE	☐ Change ☐ Addition	
NAME		_	3.2 NAME		
STREET ADDRESS			3 3. STREET ADDRESS		
C(TY - ST - ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		□ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		
NAME			5 2 NAME	Change Addition	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	continue that the information	J. Cal. al. 1. Er	64 CITY-ST-ZIP		
certify that oath; that I	the information indicated on this an am an officer or director of the corp	nual report or supplemental ar poration or the receiver or trus	misried and does not qua inual report is true and ac- tee empowered to execut-	ulify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further curate and that my signature shall have the same legal effect as if made under e this report as required by Chapter 607, Florida Statutes; and that my name	

SIGNATURE: Sharon Frank-President 4-22-96 (813) 724-9092