

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000090381 (1)

1. Corporation Name

NATIONAL SCHOOL OF FURNITURE REPAIR, INC.



Principal Place of Business

Mailing Address

1105 SOUTHWEST MARTINDOWNS BOULEVARD  
PALM CITY FL 34990

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PALM CITY FL 34990

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 333 Tressler Dr.

26 769 SW Lighthouse Dr.

4. FEI Number

65-0622239

Applied For

Not Applicable

22 Suite A

27

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 Stuart, FL

28 Palm City, FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 34994 25 USA

29 34990 30 USA

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent, and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME CONIGLIARO, CHARLES  
STREET ADDRESS 1105 SOUTHWEST MARTINDOWNS BOULEVARD  
CITY-ST-ZIP PALM CITY FL 34990

1.1 TITLE P.V.D. ☒ Change ☐ Addition  
1.2 NAME Charles Conigliaro  
1.3 STREET ADDRESS 769 SW Lighthouse Dr.  
1.4 CITY-ST-ZIP Palm City, FL 34990

TITLE VD ☒ DELETE  
NAME STEWART, FRANKLIN P III  
STREET ADDRESS 1105 SOUTHWEST MARTINDOWNS BOULEVARD  
CITY-ST-ZIP PALM CITY FL 34990

2.1 TITLE STD ☒ Change ☐ Addition  
2.2 NAME Donna M. Conigliaro  
2.3 STREET ADDRESS 769 SW Lighthouse Dr.  
2.4 CITY-ST-ZIP Palm City, FL 34990

TITLE STD ☒ DELETE  
NAME CONIGLIARO, DONNA M  
STREET ADDRESS 1105 SOUTHWEST MARTINDOWNS BOULEVARD  
CITY-ST-ZIP PALM CITY FL 34990

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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:

Donna Conigliaro Donna Conigliaro 4/26/96 407-220-2240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)