

FILE NOW: FILING FEE AFTER MAY 1 IS \$550

FILED

May 27 1997 8:00a
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000093117 (6)**

1. Corporation Name

VILLAGE FUTON, INC.

Principal Place of Business

**2035 NE 163 STREET
NORTH MIAMI BEACH FL 33162**

Mailing Address

**2035 NE 163 STREET
NORTH MIAMI BEACH FL 33162-48X**

2. Principal Place of Business

21 **2035 NE 163 ST**
Suite, Apt. #, etc.

2a. Mailing Address

26 **2035 N.E. 163**
Suite, Apt. #, etc.

22 City & State

23 **MIAMI FL**

27 City & State

28 **MIAMI FL**

24 Zip

33162

Country

25 **DADE**

29 Zip

33162

30 Country

FL

9. Name and Address of Current Registered Agent

**ARONOV, GREGORY
2035 NE 163 STREET
NORTH MIAMI BEACH FL 33162**

3. Date Incorporated or Qualified

12/07/1995

3a. Date of Last Report

06/14/1996

4. FEI Number

65-0629508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

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

10. Name and Address of New Registered Agent

Address (P.O. Box Number is Not Acceptable)

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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

Gregory Aronov

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

(NOTE: Register

required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	ARONOV, GREGORY	
STREET ADDRESS	2035 NE 163 STREET	
CITY, ST, ZIP	NORTH MIAMI BEACH FL 33162	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	
1.3	
1.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1	
2.2	
2.3	
2.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1	
3.2	
3.3	
3.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1	
4.2	
4.3	
4.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1	
5.2	
5.3	
5.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1	
6.2	
6.3	
6.4	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:

Gregory Aronov
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR C

ARONOV 5/25/97 305 949 865

Date

Daytime Phone #

0220425

CR2E034 (9/96)