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

(1)

PROFIT CORPORATION ANNUAL REPORT

97 - 1998

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

FILED
98 APR -9 PM 3:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000015590

1. Corporation Name

FURNITURE EXPRESSIONS OF FORT LAUDERDALE INC

REINSTATEMENT 97-98
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address

3. Date Incorporated or Qualified: 2/16/96

65- 0642534 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8371 PINES BLVD	26 8371 PINES BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PEMBROKE PINES FL	28 City & State: 33024 PEMBROKE PINES
24 Zip: 33024 25 Country: USA	29 Zip: 33062 30 Country:

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ALEXANDER JACKSON 1800 SO OCEAN BLVD SUITE 1004 POMPANO BEACH FL 33062	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 65 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PAUL GODSKIND 8371 PINES BL ALEXANDER JACKSON ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☒ Addition 900002485459---9 -04/10/98--01108-015 ☐ Addition ****900.00 ****900.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE P / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition PAUL GODSKIND 8371 PINES BLVD PEMBROKE PINES FLORIDA 33024
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition 4/9/98
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I 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 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: Paul Godskind PRES PAUL GODSKIND 4/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ROOMS FOR LESS, INC.
PEMBROKE PINES
8371 PINES BLVD.
PEMBROKE PINES, FL 33024

P 96000015590

1455

3/25 19 98

83-613/670
0068

PAY TO THE ORDER OF Florida Dept of State $ 900.00

Nine hundred and 00/100 DOLLARS

FIRST UNION First Union National Bank Pembroke Pines, Florida 24 Hour Information Service 1-800-735-1013

FOR FURNITURE EXPRESSION INC of Ft LAUD. INC Paul Godskind

⑈001453⑈ ⑆067006432⑆ 2090002199321⑈

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

PROFIT CORPORATION ANNUAL REPORT
1998

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

REINSTATEMENT

DOCUMENT # P96000015590

1. Corporation Name

Principal Place of Business / Mailing Address

FURNITURE EXPRESSIONS OF FORT LAUDERDALE INC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 2/16/96

65-0642524

2. Principal Place of Business
21 8371 PINES BLVD
22 Suite Apt. #, etc.
23 City & State PEMBROKE PINES FL
24 Zip 33024 25 Country USA

2a. Mailing Address
26 8371 PINES BLVD
27 Suite Apt. #, etc.
28 City & State 33024 PEMBROKE PINES
29 Zip 33062 30 Country

4. Certificate of Status Desired ☐ $8.75 Additional Fee Required

5. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

6. This corporation owes or has paid the current year Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ALEXANDER JACKSON
1800 SO OCEAN BLVD
SUITE 1004
POMPANO BEACH FL 33062

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip

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 Alexander Jackson 4/1/98
Signature, typed or printed name of registered agent, and date (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
7 TITLE	PRESIDENT	☐ Change ☒ Addition
8 NAME	PAUL GODSKIND	
9 STREET ADDRESS	8371 PINES BL	
10 CITY-ST-ZIP		
11 TITLE	ALEXANDER JACKSON ☒ DELETE	☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
15 TITLE	☐ DELETE	31 TITLE P ☐ Change ☐ Addition
16 NAME		32 NAME PAUL GODSKIND
17 STREET ADDRESS		33 STREET ADDRESS 8371 PINES BLVD
18 CITY-ST-ZIP		34 CITY-ST-ZIP PEMBROKE PINES FLORIDA 33026
19 TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
20 NAME		42 NAME
21 STREET ADDRESS		43 STREET ADDRESS
22 CITY-ST-ZIP		44 CITY-ST-ZIP
23 TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
24 NAME		52 NAME
25 STREET ADDRESS		53 STREET ADDRESS
26 CITY-ST-ZIP		54 CITY-ST-ZIP
27 TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
28 NAME		62 NAME
29 STREET ADDRESS		63 STREET ADDRESS
30 CITY-ST-ZIP		64 CITY-ST-ZIP

14. I 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 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: Paul Godskind PRES PAUL GODSKIND 4/1/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

015115