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

**PROFIT CORPORATION** ANNUAL RÉPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

POCUMENT # P96000079739 (4)

COURTLEIGH FURNITURE COMPANY, INC.

Principal Place of Business Mailing Address 1604 NW 84TH AVENUE 1604 NW 84TH AVENUE MIAMI FL 33126 MIAMI FL 33126-1032 3. Date Incorporated or Qualified 3a. Date of Last Report 09/25/1996 2. Principa: Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 Not Applicable Suite Apr # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zio Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEDER, NATHAN I 5200 BLUE LAGOON DRIVE STE 600 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33120** 83 84 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. Lam familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Star atm. Typed or perfeat name of registered agent and title. Lappocable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1-106 1.1 TITLE Change Addition NAME MING, RICHARD 1.2 NAME 1604 NW 84TH AVENUE STREET ALIORESS 13 STREET ADDRESS **MIAMI FL 33126** CITY - \$1 - 7 F 1.4 CITY - ST - ZiP DELETE 1:016 21 TITLE ☐ Change Addition 22 NAME STREET AUDITIES 23 STREET ADDRESS City - \$1 - 218 2 4 CHY-ST-ZIP DELETE THE 31 TITLE Change Addition NAME 32 NAME STREET ADORESS 3.3 STREET ADDRESS 011y-51-74 34. CITY-ST-ZIP DELETE. Change Addition THE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STEET LADJUHESS 0011-S1-ZIP 4.4 CITY - ST - ZIP DELETE THE 51 THLE ☐ Change Addition NAMI 5.2 NAME STREET ATOMESS **53 STREET ADDRESS** CHY-ST 20 5.4 CHY-ST-ZIP DELETE TILLE 61 TITLE Change Addition NAME 62 NAME STREET ATYORESS 63 STREET ADDRESS 6.4 CiTY - \$1 - ZIP

SIGNATURE

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and cated 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 eath; 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 12 or Block 12 or on an attachment with an address.

**FILED** 

Feb 24 1997 8:00am

Secretary of State

(96/6)