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

PROFIT CORPORATION ANNUAL REPORT

1998

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

officer or director of the corporation of the receiver or trustee emp Block 12 or Block 13 if changed, or opport attachment with an add

STREET ADDRESS CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socrelary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000103272 (5)

GOOD BUYS CONSIGNMENT SHOWROOM, INC.

Principal Place of Business Mailing Address 4700 NW 167TH STREET 4700 NW 167TH STREET MIAMI FL 33014 MIAMI FL 33014 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/04/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For *6*5-090 Not Applicable 21 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Country 8. This corporation owes or has paid the current year Intangible Yes 24 25 29 30 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LEDERER, STEVEN J Name 2450 NE MIAMI GARDENS DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 100 83 NORTH MIAMI BEACH FL 33180 84 City 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 (NOTE Registered Agent's gnature required when reinstating) Signature, typed or printed name of registers a agent and blic if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change ___ Addition TITLE 1.1 TITLE LEVITT, FRANK NAME 1.2 NAME 4700 NW 167TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33014** 1.4 CITY-ST-7/P CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY+ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - S1 - 7(P CITY-ST-ZIP TITLE DELETE 4 1 11TLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition ☐ Change TITLE 51 TITLE

> 5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

DELETE

5.4 CITY - ST - 7(P

6.3 STREET ADDRESS

6.4 CITY - ST- ZIP

FILED Apr 14 1998 8:00am Secretary of State



14. Thereby 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 simple were to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

Change

... Addition