

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S05287** (5)
1. Corporation Name
ROOMS TO GO SOUTH CORP.



Principal Place of Business

3301 BAYSHORE BLVD.
UNIT 2008
TAMPA FL 33629

Mailing Address

11540 HIGHWAY 92 EAST
UNIT 2008
SEFFNER FL 33584
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified

10/11/1990

3a. Date of Last Report

04/10/1995

4. FEI Number

59-3134619

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

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 corporation submits this statement for the purpose of changing its registered agent 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 title, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME PD
STREET ADDRESS SEAMAN, MORTON
CITY-ST-ZIP 11540 HIGHWAY 92 EAST
SEFFNER FL

☐ DELETE

TITLE
NAME ST
STREET ADDRESS STEIN, LEWIS
CITY-ST-ZIP 11540 HIGHWAY 92 EAST
SEFFNER FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1. TITLE
1. NAME
1. STREET ADDRESS
1. CITY-ST-ZIP
2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP
3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP
4. 1. TITLE
4. 2. NAME
4. 3. STREET ADDRESS
4. 4. CITY-ST-ZIP
5. 1. TITLE
5. 2. NAME
5. 3. STREET ADDRESS
5. 4. CITY-ST-ZIP
6. 1. TITLE
6. 2. NAME
6. 3. STREET ADDRESS
6. 4. CITY-ST-ZIP

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEWIS STEIN, Secretary

APR 25 1996

813-623-5400
Daytime Phone #

CR2E034 (12/95)