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Feb 06, 1999 8:00am
Secretary of State

02-06-1999 90018 013 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S05287
 1. Corporation Name
ROOMS TO GO SOUTH CORP.

Principal Place of Business: **11540 HIGHWAY 92 EAST SEFFNER FL 33584**
 Mailing Address: **11540 HIGHWAY 92 EAST SEFFNER FL 33584**

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/1990		59-3134619		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
Zip Country		Zip Country		<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30		8. This corporation owes the current year Intangible Personal Property Tax.	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		Yes No	

9. Name and Address of Current Registered Agent
SCHWARTZ, LARRY
11540 HIGHWAY 92 EAST
SEFFNER FL 33584

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SEAMAN, MORTON	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	STEIN, LEWIS	
STREET ADDRESS	11540 HIGHWAY 92 EAST	
CITY-ST-ZIP	SEFFNER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, LARRY	
STREET ADDRESS	11540 HWY 92 E	
CITY-ST-ZIP	SEFFNER FL	
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 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE: **Larry Schwartz** 01/06/99 (813) 623-5400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)