

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90187 013 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S12841**

1. Corporation Name  
**ROOMS TO GO INC.**



Principal Place of Business <b>11540 HIGHWAY 92 EAST SUITE 25 SEFFNER FL 33584 US</b>	Mailing Address <b>ATTN: ACCOUNTS PAYABLE DEPT. 11540 HIGHWAY 92 EAST SEFFNER FL 33584</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>11/15/1990</b>	
		4. FEI Number <b>59-3029386</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SCHWARTZ, LARRY 11540 HIGHWAY 92 EAST SEFFNER FL 33584</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JEFFREY SEAMAN</b>	1.2 NAME	<b>Jeffrey Seaman</b>
STREET ADDRESS	<b>11540 HIGHWAY 92 EAST</b>	1.3 STREET ADDRESS	<b>11540 HWY 92 EAST</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>	1.4 CITY-ST-ZIP	<b>SEFFNER, FL</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, STEIN</b>	2.2 NAME	<b>SCOBY, Richard</b>
STREET ADDRESS	<b>11540 HIGHWAY 92 EAST</b>	2.3 STREET ADDRESS	<b>11540 HWY 92 EAST</b>
CITY-ST-ZIP	<b>SEFFNER FL</b>	2.4 CITY-ST-ZIP	<b>SEFFNER, FL</b>
TITLE	<b>ASV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LARRY SCHWARTZ</b>	3.2 NAME	
STREET ADDRESS	<b>11540 HIGHWAY 92 EAST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT CLAESON</b>	4.2 NAME	
STREET ADDRESS	<b>330 MADISON AVE.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINKEL, JEFFREY</b>	5.2 NAME	
STREET ADDRESS	<b>11540 HIGHWAY 92 EAST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEFFNER FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Larry Schwartz**

**01/06/99**

**(813) 623-5400**

Date

Daytime Phone #

CR2E034 (11/98)