FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # S38626

1. Corporation Name

MAJESTIC FURNITURE Repair INC SERVICE

Principal Place of Business	Mailing Address
10253 NW 53 ST SUNRISE, FL 33351	P.O BOX 1511 DANIA, FL 33004

3. Date Incorporated or Qualified: 3/19/91
3a. Date of Last Report: 4/27/95

2. Principal Place of Business
21: 10253 NW 53 ST
22: Suite, Apt. #, etc.
23: City & State: SUNRISE, FL
24: Zip: 33351
25: Country: ~~EDWARD~~

2a. Mailing Address
26: P.O. BOX 1511
27: Suite, Apt. #, etc.
28: City & State: DANIA, FL.
29: Zip: 33004
30: Country: USA

4. FEI Number: 65-0250545 ☐ 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

9. Name and Address of Current Registered Agent

ELLEN Del DEO
1530 Weeping Willow Way
Hollywood, FL 33019

10. Name and Address of New Registered Agent

81 Name: ELLEN Del DEO
82 Street Address (P.O. Box Number is Not Acceptable): 1530 Weeping Willow Way
83: Hollywood
84 City: FL 85 Zip Code: 33019

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: Ellen Del Deo — ELLEN Del DEO PRES — DATE: 6/25/96
Signature, typed or printed name of registered agent, and title if applicable — Required when changing registered agent

12. OFFICERS AND DIRECTORS

TITLE	PRES	☐ DELETE
NAME	ELLEN Del DEO	
STREET ADDRESS	1530 Weeping Willow Way	
CITY-ST-ZIP	Hollywood FL 33019	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	900001884028	☐ Change ☐ Addition
6.2 NAME	-07/03/96--01085--033	
6.3 STREET ADDRESS	***200.00	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ellen Del Deo — ELLEN Del DEO Pres — Date: 4/24/96 — Daytime Phone #: 305 746-5504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CS 5/1/96