

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V01481** (3)

1. Corporation Name:

SOUTH FLORIDA FURNITURE MARTS, INC.



Principal Place of Business

**151 E. PALMETTO PARK RD.
777 S. FLAGLER DR., #310E
BOCA RATON FL 33432
US**

Managing Officers

**% ALLAN SALOVIN
777 S. FLAGLER DR., #310E
W PALM BEACH FL 33401**

3. Date Incorporated or Qualified

12/20/1991

3a. Date of Last Report

03/10/1995

4. FEI Number

65-0301317

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

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

Zip

Country

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALOVIN, ALLAN
777 SOUTH FLAGLER DRIVE
SUITE 310
W PALM BEACH FL 33401**

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 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 based on printed name in Block 12 or Block 13)

(Signature based on typed or printed name in Block 12 or Block 13)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	DPS	☐ DELETE
NAME	ULLIAN, ROBIN	
STREET ADDRESS	3201 N.W. 57TH ST.	
CITY-STATE-ZIP	BOCA RATON FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(f), Florida Statutes. I further certify that the information included 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: **Robin Ullian** **Robin Ullian**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96

**407
3387588**
Digit. Print No.

CR2E034 (12/95)