

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

5 MAY 1995 AM 10:15

DOCUMENT # V23506 (1)
1. Corporation Name:
SINGER FURNITURE ACQUISITION CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **16229 VILLARREAL
TAMPA FL 33613**
Mailing Address: **16229 VILLARREAL
TAMPA FL 33613**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/23/1992	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2958260	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. 190.002 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County
25. Zip	30. Zip

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PAUL A. BILZERIAN 16229 VILLARREAL DE AVILA TAMPA FL 33163		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83. City	
		84. Zip	
		85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.01(1) and 607.01(2), 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 this appointment as registered agent. I am familiar with and accept the obligations of Section 607.01(3) Florida Statutes.

SIGNATURE

Signature of Officer or Director, Long-Term Agent, or New Agent

Signature of New Agent or Long-Term Agent

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	DPST BILZERIAN, PAUL A. 16229 VILLARREAL TAMPA FL	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	☐ Change ☐ Addition
STATE		STATE	
ZIP		ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is not required by the corporation's state or federal law. I, the undersigned, further certify that the information is true and correct 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 manager or person empowered to execute this report or to prepare the report for the corporation, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an addendum.

SIGNATURE:

Paul A. Bilzerian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/95

(813) 264-1815