FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V58649** **(7)**

1. Corporation Name

ROOMS TO GO MIAMI CORP.

Principal Place of Business	Mailing Address
11540 HWY 92 E SEFFNER FL 33584 US	11540 HWY 92 E SEFFNER FL 33584 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/19/1992**

3a. Date of Last Report: **04/19/1994**

2. Principal Place of Business — 21 Suite, Apt. #, etc. — 22 City & State — 23 Zip — 24 Country — 25

2a. Mailing Address — 26 Suite, Apt. #, etc. — 27 City & State — 28 Zip — 29 Country — 30

4. FEI Number: **59-3137669** ☐ 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

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 **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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	SEAMAN, JEFFERY	1.2 NAME	
STREET ADDRESS	3301 BAYSHORE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, STEIN	2.2 NAME	
STREET ADDRESS	3301 BAYSHORE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	CLAESON, ROBERT	3.2 NAME	
STREET ADDRESS	330 MADISON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK N.	3.4 CITY-ST-ZIP	
TITLE	ASV	4.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, LARRY	4.2 NAME	
STREET ADDRESS	11540 HWY 92 E	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	4.4 CITY-ST-ZIP	
TITLE	SV	5.1 TITLE	☐ Change ☐ Addition
NAME	FINKEL, JEFFREY	5.2 NAME	
STREET ADDRESS	11540 HWY 92 E	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	JONES, HARMON	6.2 NAME	
STREET ADDRESS	11540 HWY 92 E	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEFFNER FL	6.4 CITY-ST-ZIP	

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)(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.

SIGNATURE: _____ Larry Schwartz 4/21/95 (813) 623-5400

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Date) (Daytime Phone #)

Vice President

0290760 CP