FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 717193 (7)

1. Corporation Name

FLORIDA HOME FURNISHINGS REPRESENTATIVES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1135 PASADENA AVE.. SOUTH. STE#239 ST. PETERSBURG FL 33707	1135 PASADENA AVE.. SOUTH. STE#239 ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1969
3a. Date of Last Report: 04/13/1994
4. FEI Number: 59-1456408 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WAX, BARRY
51 DOLPHIN DR
TREASURE ISLAND FL 33706

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	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	NOLAN, HILDA	1.2 NAME		
STREET ADDRESS	1135 PASADENA AVE S #239	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BEN JAMES	2.2 NAME		
STREET ADDRESS	P.O. BOX 1797 N/A	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL 33509-1797	2.4 CITY-ST-ZIP		
TITLE	CD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BURNSTINE, ALLAN	3.2 NAME		
STREET ADDRESS	301 HUNTERS POINT TRAIL	3.3 STREET ADDRESS	152 Bridgeview Court	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	DREZNIN, NEAL	4.2 NAME		
STREET ADDRESS	841 FAULKWOOD COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	WAX, BARRY	5.2 NAME		
STREET ADDRESS	51 DOLPHIN DR.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TREASURE ISLAND FL	5.4 CITY-ST-ZIP		
TITLE	PD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DEDI, SCOTT	6.2 NAME		
STREET ADDRESS	2554 LA LIQUE CIRCLE	6.3 STREET ADDRESS	5155 Foxhall Dr. N.	
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	West Palm Beach, FL 33417	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barry Wax — Barry Wax — 4-25-95 — (813) 381-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068707