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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 33707-2889

3. Date Incorporated or Qualified: 09/17/1969
3a. Date of Last Report: 02/07/1996

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 617.0502 and 617.1508, 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 617.0503, 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	P	☐ DELETE	1.1 TITLE	Chairman of Board	☑ Change ☐ Addition
NAME	FRASER, LINDA		1.2 NAME		
STREET ADDRESS	1087 BEDFORD AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE	President	☑ 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	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BURNSTINE, ALLAN		3.2 NAME		
STREET ADDRESS	152 BRIDGEVIEW CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ 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	☐ DELETE	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	D	☑ DELETE	6.1 TITLE	VP	☐ Change ☑ Addition
NAME	DEDI, SCOTT		6.2 NAME	ROYAL EDMONDS	
STREET ADDRESS	5155 NORTH FOXHALL DR		6.3 STREET ADDRESS	9202 GRAND BLANC DR	
CITY-ST-ZIP	WEST PALM BEACH FL		6.4 CITY-ST-ZIP	SEMINOLE, FL 33777	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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 (813) 367-1100