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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 09/17/1969

4. FEI Number: 59-1456408 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WAX, BARRY 51 DOLPHIN DR TREASURE ISLAND FL 33706	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	~~D~~	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	FRASER, LINDA		1.2 NAME	NORMAN BURNSTINE	
STREET ADDRESS	1087 BEDFORD AVENUE		1.3 STREET ADDRESS	102 CAMBRIDGE DR.	
CITY-ST-ZIP	PALM BEACH GARDENS FL		1.4 CITY-ST-ZIP	LONGWOOD, FL 32779	
TITLE	~~P~~ D	☒ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	BEN JAMES		2.2 NAME	CRAIG CLEVELAND	
STREET ADDRESS	P.O. BOX 1797 N/A		2.3 STREET ADDRESS	421 MAPLE BLUFF CIRCLE	
CITY-ST-ZIP	BRANDON FL		2.4 CITY-ST-ZIP	MELBOURNE, FL 32940-1835	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	BURNSTINE, ALLAN		3.2 NAME	VONICA TAMNEY	
STREET ADDRESS	152 BRIDGEVIEW CT		3.3 STREET ADDRESS	P.O. BOX 12 N/A	
CITY-ST-ZIP	LONGWOOD FL		3.4 CITY-ST-ZIP	LAND O LAKES, FL 34639	
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		☐ Change ☐ Addition
NAME	EDMONDS, ROYAL		6.2 NAME		
STREET ADDRESS	9202 GRAND BLANC DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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 LINDA LEDET EXEC. DIR. 4-22-98 (813)381-6461