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01-27-1999 90034 003 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 717193

1. Corporation Name

FLORIDA HOME FURNISHINGS REPRESENTATIVES ASSOCIA TION, 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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/17/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1456408 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 NAME BURNSTINE, NORMAN STREET ADDRESS 102 CAMBRIDGE DRIVE CITY-ST-ZIP LONGWOOD FL 32779	☐ DELETE	☐ Change ☐ Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE D NAME CLEVELAND, CRAIG STREET ADDRESS 421 MAPLE BLUFF CR CITY-ST-ZIP MELBOURNE FL 32940	☐ DELETE	☐ Change ☐ Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE D NAME TAMNEY, VONICA STREET ADDRESS PO BOX 12 N/A CITY-ST-ZIP LAND O LAKES FL 34639	☐ DELETE	☐ Change ☐ Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE D NAME DREZNIN, NEAL STREET ADDRESS 841 FAULKWOOD COURT CITY-ST-ZIP SARASOTA FL	☐ DELETE	☐ Change ☐ Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE STD NAME WAX, BARRY STREET ADDRESS 51 DOLPHIN DR. CITY-ST-ZIP TREASURE ISLAND FL	☐ DELETE	☐ Change ☐ Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE VP NAME EDMONDS, ROYAL STREET ADDRESS 9202 GRAND BLANC DR CITY-ST-ZIP SEMINOLE FL	☐ DELETE	☐ Change ☐ Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Linda ... EDET   1-12-99   (813) 381-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E037 (11/98)