

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 14 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # H73776 (7)**

1. Corporation Name  
**STATUS 10 LODGING FURNITURE, INC.**



Principal Place of Business <b>8840 INTERNATIONAL DR                  ORLANDO FL 32819                  US</b>	Mailing Address <b>8840 INTERNATIONAL DR                  ORLANDO FL 32819                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/29/1985</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2578082</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROSEN, HARRIS                  7800 INTERNATIONAL DR.                  ORLANDO, FL. 32819</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	85

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
T	<input type="checkbox"/> DELETE	1.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>SANTOS, FRANK</b>	1.2	NAME				
STREET ADDRESS	<b>7800 INTERNATIONAL DR. ORLANDO FL</b>	1.3	STREET ADDRESS				
CITY-ST-ZIP		1.4	CITY-ST-ZIP				
P	<input type="checkbox"/> DELETE	2.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>ROSEN, HARRIS</b>	2.2	NAME				
STREET ADDRESS	<b>7800 INTERNATIONAL DR ORLANDO FL</b>	2.3	STREET ADDRESS				
CITY-ST-ZIP		2.4	CITY-ST-ZIP				
D	<input type="checkbox"/> DELETE	3.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	<b>TOOHEY, GARRITT P.</b>	3.2	NAME				
STREET ADDRESS	<b>9000 INTERNATIONAL DR ORLANDO FL</b>	3.3	STREET ADDRESS				
CITY-ST-ZIP		3.4	CITY-ST-ZIP				
	<input type="checkbox"/> DELETE	4.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		4.2	NAME				
STREET ADDRESS		4.3	STREET ADDRESS				
CITY-ST-ZIP		4.4	CITY-ST-ZIP				
	<input type="checkbox"/> DELETE	5.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		5.2	NAME				
STREET ADDRESS		5.3	STREET ADDRESS				
CITY-ST-ZIP		5.4	CITY-ST-ZIP				
	<input type="checkbox"/> DELETE	6.1	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME		6.2	NAME				
STREET ADDRESS		6.3	STREET ADDRESS				
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Harris Rosen* **4/3/98** **407 351 1600**

CR2E034 (10/97)