

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # H85550 (2)**

1. Corporation Name

**SUN CONTEMPORARY FURNITURE CORP.**



Principal Place of Business

Mailing Address

7720 N. FEDERAL HWY.  
BOCA RATON FL 33487-8614

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BOCA RATON FL 33487-8614

3. Date Incorporated or Qualified: **11/15/1985**  
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number: **59-2595068**  
Applied For:  Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

23 Zip Country

28 Zip Country

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

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAPOZIO, GRAHAM  
7720 N. FEDERAL HWY.  
BOCA RATON FL 33487**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE:  DELETE  
NAME: **P SNYDER, VICKIE**  
STREET ADDRESS: **CANAL DRIVE**  
CITY-ST-ZIP: **LANTANA FL**

1.1 TITLE:  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE: **VP**  Change  Addition

TITLE:  DELETE  
NAME: **VD CAPOZIO, GRAHAM**  
STREET ADDRESS: **1110 RAINWOOD CIRCLE**  
CITY-ST-ZIP: **PALM BEACH GARDENS FL 33408**

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE:  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE:  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE:  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE:  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE:  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Graham Capozio*

4-24-96 407 9976081

Date

Daytime Phone #

CR2E034 (12/95)