
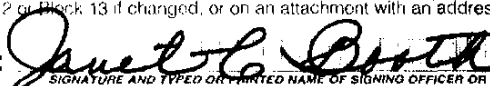


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 120058 (3)					
1. Corporation Name: MATHER FURNITURE CO INC					
Principal Place of Business 3674 BEACH BLVD. JACKSONVILLE FL 32207			Mailing Address 3674 BEACH BLVD. JACKSONVILLE FL 32207-3862		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/01/1929	
21 State, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 06/04/1996	
22 City & State		27 City & State		4. FEI Number 59-0190153	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BOOTH, JANET C 1435 REDBUD LANE JACKSONVILLE FL 32207			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 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					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	PMO			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	BOOTH, JANET C.	1435 REDBUD LANE	JACKSONVILLE FL	1.2 NAME	
				1.3 STREET ADDRESS	
				1.4 CITY-ST-ZIP	
	STDO			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	CLARK, MARY L	1022 ARBOR LANE	JACKSONVILLE FL	2.2 NAME	
				2.3 STREET ADDRESS	
				2.4 CITY-ST-ZIP	
	VD			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
	CORLEY, ALDEN	1719 POPLAR DRIVE	ORANGE PARK FL	3.2 NAME	
				3.3 STREET ADDRESS	
				3.4 CITY-ST-ZIP	
				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				4.2 NAME	
				4.3 STREET ADDRESS	
				4.4 CITY-ST-ZIP	
				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
				5.2 NAME	
				5.3 STREET ADDRESS	
				5.4 CITY-ST-ZIP	
				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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 on an attachment with an address.					
SIGNATURE:  JANET C. BOOTH 4-14-97 904-396-5998					

CR2E034 (9/96)