

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 143478 (6)

1. Corporation Name
J.J. CATER FURNITURE COMPANY



Principal Place of Business P.O. BOX 12247 LAKE PARK FL 33403	Mailing Address P.O. BOX 12247 LAKE PARK FL 33403
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/27/1944	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-0188040		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Country	29. Zip		30. Country	
24. Zip		25. Country		26. Zip	
27. Country		28. Zip		29. Country	
30. Zip		31. Country		32. Zip	
33. Country		34. Zip		35. Country	
36. Zip		37. Country		38. Zip	
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69. Country		70. Zip		71. Country	
72. Zip		73. Country		74. Zip	
75. Country		76. Zip		77. Country	
78. Zip		79. Country		80. Zip	
81. Country		82. Zip		83. Country	
84. Zip		85. Country		86. Zip	
87. Country		88. Zip		89. Country	
90. Zip		91. Country		92. Zip	
93. Country		94. Zip		95. Country	
96. Zip		97. Country		98. Zip	
99. Country		100. Zip		101. Country	

9. Name and Address of Current Registered Agent CATER, JOHN J JR 309 NORTHLAKE BLVD N PALM BEACH FL 33408				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CATER JR, JOHN J 2849 TECUMSEH DR. WEST PALM BEACH FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CATER, JUANITA P 2849 TECUMSEH DR. WEST PALM BEACH FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD EICHENBERGER, D.R. 1212 WILDFLOWER ST LAKE PLACID FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VD CATER III, JOHN J 10285 ALLAMANDA DR PALM BEACH GARDENS FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	8187 DASHUA DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL. 33418
TITLE		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	
TITLE		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)(l), 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]* 4-30-98 x 561-892-4658

CR2E034 (10/97)