

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

FILED
May 30 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 # 165397 (1)
 1. Corporation Name
BADCOCKS ECONOMY FURNITURE STORE, INC.



Principal Place of Business
**512 CLEMATIS STREET
 WEST PALM BEACH FL 33401**

Mailing Address
**512 CLEMATIS STREET
 WEST PALM BEACH FL 33401-5304**

3. Date Incorporated or Qualified
06/04/1951

3a. Date of Last Report
02/29/1996

4. FEI Number
59-0656261

Applied For
 Not Applicable

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

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

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

2. Principal Place of Business
 21 Suite, Apt #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address
 26 Suite, Apt #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent
**BABER, JAMES C. III
 512 CLEMATIS ST
 WEST PALM BEACH FL 33401**

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	S <input type="checkbox"/> DELETE
NAME	PARASMO, JANET B.
STREET ADDRESS	5329 SEA BISCUIT RD.
CITY - ST - ZIP	PALM BCH. GARDENS FL
TITLE	PC <input type="checkbox"/> DELETE
NAME	BABER, JAMES C III
STREET ADDRESS	7807 STEEPLECHASE DR.
CITY - ST - ZIP	PALM BCH GRDNS FL
TITLE	C <input type="checkbox"/> DELETE
NAME	BABER, EVELYN M
STREET ADDRESS	851 COUNTRY CLUB CT
CITY - ST - ZIP	N PALM BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	BABER, JOHN W.
STREET ADDRESS	655 ANCHORAGE DR.
CITY - ST - ZIP	N. PALM BCH. FL
TITLE	T <input type="checkbox"/> DELETE
NAME	TURNER, SHARON B.
STREET ADDRESS	5489 SEA BISCUIT RD.
CITY - ST - ZIP	PALLM BCH. GARDENS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Baber Parasmo* **Janet Baber Parasmo** 5/23/97 561-659-1170
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)