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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90053 015 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 165397

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**

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 06/04/1951 | |
| 4. FEI Number 59-0656261 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip Country | Zip Country |
| 24 | 29 |
| 25 | 30 |

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 | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | S <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PARASMO, JANET B. | 1.2 NAME | |
| STREET ADDRESS | 5329 SEA BISCUIT RD. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDENS FL | 1.4 CITY-ST-ZIP | |
| TITLE | PC <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABER, JAMES C III | 2.2 NAME | |
| STREET ADDRESS | 7807 STEEPLECHASE DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH GRDNS FL | 2.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABER, EVELYN M | 3.2 NAME | |
| STREET ADDRESS | 851 COUNTRY CLUB CT | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | N PALM BCH FL | 3.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BABER, JOHN W. | 4.2 NAME | |
| STREET ADDRESS | 655 ANCHORAGE DR. | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | N. PALM BCH. FL | 4.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TURNER, SHARON B. | 5.2 NAME | |
| STREET ADDRESS | 5489 SEA BISCUIT RD. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PALM BCH. GARDENS FL | 5.4 CITY-ST-ZIP | |
| TITLE | <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, on the attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE OF JANET PARASMO Date: 4/27/99 Daytime Phone #: 561-659-1370

CR2E034 (1/198)