FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 10 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 # **203939** **(4)**

1. Corporation Name
FLORIDA FURNITURE EXHIBITORS, INC.

Principal Place of Business	Mailing Address
3800 S. OCEAN DRIVE SUITE 209 HOLLYWOOD FL 33019 US	P.O. BOX 22-2008 SUITWE 209 HOLLYWOOD FL 33022-2008 US

3. Date Incorporated or Qualified: 07/01/1957
3a. Date of Last Report: 02/22/1996

2. Principal Place of Business — 21: Suite, Apt. #, etc. — 22: City & State — 23: Zip — 24: Country — 25:

2a. Mailing Address — 26: Suite, Apt. #, etc. — 27: City & State — 28: Zip — 29: Country — 30:

4. FEI Number: 59-1195973 ☐ 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

9. Name and Address of Current Registered Agent

KAREL, LARRY
3800 S. OCEAN DRIVE
SUITE 209
HOLLYWOOD FL 33019

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's signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KONIGSBERG, NATHAN		1.2 NAME	ATHENA M.F. CARLIN	
STREET ADDRESS	5851 NW 35 AVE		1.3 STREET ADDRESS	1850 N.E. 144TH ST.	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	N. MIAMI, FL. 33181	
TITLE	PD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	WAX, BARRY		2.2 NAME	GARY ROBINSON	
STREET ADDRESS	51 DOLPHIN DRIVE		2.3 STREET ADDRESS	42 N.E. 25TH ST.	
CITY-ST-ZIP	TREASURE ISLAND FL		2.4 CITY-ST-ZIP	MIAMI, FL.33137	
TITLE	D	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HYRES, BARBARA		3.2 NAME	BARBARA HYRES	
STREET ADDRESS	104 LK EMERALD DR, STE 312		3.3 STREET ADDRESS	105 LAKE EMERALD DR.	
CITY-ST-ZIP	FT LAUDERDALE FL		3.4 CITY-ST-ZIP	FT.LAUDERDALE FL.33309	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☐ Change ☐ Addition
NAME	WAX, BARRY		4.2 NAME	BARRY WAX	
STREET ADDRESS	51 DOLPHIN DR		4.3 STREET ADDRESS	51 DOLPHIN DR.	
CITY-ST-ZIP	TREASURE ISLD FL		4.4 CITY-ST-ZIP	TREASURE IS.FL. 33706	
TITLE	VD	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CARLIN, ATHENA F		5.2 NAME	PERRY SOLOMON	
STREET ADDRESS	1850 N.E. 144TH ST.		5.3 STREET ADDRESS	7350 N.W. MIAMI CT.	
CITY-ST-ZIP	N MIAMI FL		5.4 CITY-ST-ZIP	MIAMI,FL. 33138	
TITLE	SD	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	MOORE, LINDA		6.2 NAME	LINDA MOORE	
STREET ADDRESS	3500 NE 30 AVE		6.3 STREET ADDRESS	3500 N.E. 30TH AVE.	
CITY-ST-ZIP	LIGHTHOUSE PT FL		6.4 CITY-ST-ZIP	LIGHTHOUSE PT.FL.33074	

CR2E034 (9/96)

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: Athena M.F. Carlin PRES. 2/3/97 305-940-3702