

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

FILED  
Feb 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **203939** (4)

1. Corporation Name  
**FLORIDA FURNITURE EXHIBITORS, INC.**



Principal Place of Business <b>3800 S. OCEAN DRIVE SUITE 209 HOLLYWOOD FL 33019 US</b>	Mailing Address <b>P.O. BOX 22-2008 SUITE 209 HOLLYWOOD FL 33022 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>07/01/1957</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-1195973</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	WAX, BARRY (PD)
NAME	CARLIN, ATHENA	1.2 NAME	51 DOLPHIN DR.
STREET ADDRESS	1850 NE 144 ST	1.3 STREET ADDRESS	TREASURE ISL. FL
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	VD
NAME	ROBINSON, GARY	2.2 NAME	HYRES, BARBARA
STREET ADDRESS	42 NE 25 ST	2.3 STREET ADDRESS	104 LAKE EMERALD DR. SUITE 312
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL.
TITLE	SD	3.1 TITLE	SD
NAME	HYRES, BARBARA	3.2 NAME	KAMIS, DAN
STREET ADDRESS	104 LK EMERALD DR, STE 312	3.3 STREET ADDRESS	4800 N.W. 37TH AVE.
CITY-ST-ZIP	FT LAUDERDALE FL	3.4 CITY-ST-ZIP	MIAMI, FL.
TITLE	TD	4.1 TITLE	TD
NAME	WAX, BARRY	4.2 NAME	CARLIN, ATHENA
STREET ADDRESS	51 DOLPHIN DR	4.3 STREET ADDRESS	1850 N.E. 144 TH ST.
CITY-ST-ZIP	TREASURE ISLD FL	4.4 CITY-ST-ZIP	N. MIAMI, FL.
TITLE	D	5.1 TITLE	
NAME	SOLOMON, PERRY	5.2 NAME	
STREET ADDRESS	7350 NW MIAMI CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MOORE, LINDA	6.2 NAME	
STREET ADDRESS	3500 NE 30 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHTHOUSE PT FL	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, or on an attachment with an address.

SIGNATURE:

*Barry Wax* **Barry Wax**

2/17/98 954  
454 7222

CR2E034 (10/97)