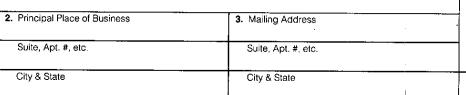
203939 1. Entity Name

FLORIDA FURNITURE EXHIBITORS, INC.

Principal Place of Business 3590 MYSTIC POINTE DRIVE **AVENTURA FL 33180-2554**

Mailing Address

P.O. BOX 80-1538 AVENTURA FL 33280-1538





DO NOT WRITE IN THIS SPACE

		!					
City & State		City & State			4. FEI Number		
Zip Country		Zip	Country *		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KAREL, LARRY 3590 MYSTIC POINTE DRIVE AVENTURA FL 33180				Name Street Address (P.O. Box Number is Not Acceptable)			
				City	F	Zio Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

		ate ii applicabi
9.	This corporation is eligible to satisfy its Intangible	
	Tax filing requirement and elects to do so.	A1

FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00

(NOTE: Registered Agent signature required when reinstating)

10. Election Campaign Financing

\$5.00 May Be

(See criter	ria on back)	Make Check Payable	to Departmen	t of State	Trust Fund Contribution.	∟ Added	to Fees
11.	OFFICERS AND	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XPX TD WAX, BARRY 51 DOLPHIN DR TREASURE ISLAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	WAX, i	SURER BARRY LPHIN DR. URE ISLAND, FL	XX Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XXP D CLEVELAND, CRAIG 421 MAPLE BLUFF CIRCLE MELBOURNE FL 32940	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECT CLEVED 2275		XX Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	XSXVP- KAMIS, DAN 4800 NW 37TH AVE MIAMI FL	·· Delete -	TITLE # _ NAME STREET ADDRESS CITY-ST-ZIP	VICE I	PRESIDENT , DAN NW 37th AVE.	XX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	XTX D KONIGSBERG, NATHAN 1201 S. OCEAN DR HOLLYWOOD FL 33019	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KONIGS 1201 S	SBERG, NATHAN S. OCEAN DR. WOOD, FL 33019	XX Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. P SOLOMON, PERRY 7350 NW MIAMI CT MIAMI FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESII SOLOMO 7350 N	DENT DN, PERRY W MAIMI CT.	XX Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-7IP	XOX S MOORE, LINDA 3500 NE 30 AVE LIGHTHOUSE PT FI	☐ Delete	TITLE NAME STREET ADDRESS			XX Change	Addition

13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1) 9.07(3)(1). Florida Statutes, I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if of the corporation or the receiver or truster changed, or on an attachment with an acc

SIGNATURE:

APRIL 25, 2002 Date

305/792-9990

Daytime Phone #