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Apr 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 # 403297 (5)

1. Corporation Name
FLORIDA HOME FURNISHINGS ROSTER, INC.



Principal Place of Business
1135 PASADENA AVENUE, SOUTH
SUITE 239
ST. PETERSBURG FL 33707

Mailing Address
1135 PASADENA AVENUE, SOUTH
SUITE 239
ST. PETERSBURG FL 33707-2889

3. Date Incorporated or Qualified 06/16/1972	3a. Date of Last Report 02/06/1996
4. FEI Number 59-1456407	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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9. Name and Address of Current Registered Agent WAX, BARRY 51 DOLPHIN DR TREASURE ISLAND FL 33708	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
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	FRASER, LINDA 1067 BEDFORD AVE. PALM BEACH GARDENS FL	1.1 TITLE CHAIRMAN OF BOARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD	JAMES, BEN 1007 CAMEO CREST LANE VALRICO FL	2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C	DREZIN, NEAL 841 FAULKWOOD CT SARASOTA FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	BURNSTINE, ALLAN 152 BRIDGEVIEW COURT LONGWOOD FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE STD	WAX, BARRY 51 DOLPHIN DRIVE TREASURE ISLAND FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	DEDI, SCOTT 5155 NORTH FOXHALL DRIVE WEST PALM BEACH FL	6.1 TITLE VP ROYAL EDMONDS 9802 GRAND BLANC SEMINOLE, FL 33777	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Barry Wax* *Linda Fraser* *STD* *ED* 4-7-97 (813) 381-6461
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)