

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01 1998 8:00am
Secretary of State

DOCUMENT # 403297 (5)

1. Corporation Name

FLORIDA HOME FURNISHINGS ROSTER, INC.



Principal Place of Business

Mailing Address

1135 PASADENA AVENUE, SOUTH
SUITE 239
ST. PETERSBURG FL 33707

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SUITE 239
ST. PETERSBURG FL 33707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1972

4. FEI Number

59-1456407

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAX, BARRY
51 DOLPHIN DR
TREASURE ISLAND FL 33706

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COBP
NAME FRASER, LINDA
STREET ADDRESS 1087 BEDFORD AVE.
CITY-ST-ZIP PALM BEACH GARDENS FL ☒ DELETE

1.1 TITLE PRESIDENT
1.2 NAME CRAIG CLEVELAND
1.3 STREET ADDRESS 441 MAPLE BLUFF CIRCLE
1.4 CITY-ST-ZIP MELBOURNE, FL 32940-1835 ☐ Change ☒ Addition

TITLE P
NAME JAMES, BEN
STREET ADDRESS 1007 CAMEO CREST LANE
CITY-ST-ZIP VALRICO FL ☒ DELETE

2.1 TITLE 1ST UPD
2.2 NAME VONICA TAMNEY
2.3 STREET ADDRESS P.O. BOX 12 (NA)
2.4 CITY-ST-ZIP LAND O LAKES, FL 34689 ☐ Change ☒ Addition

TITLE D
NAME BREZNIN, NEAL
STREET ADDRESS 841 FAULKWOOD CT
CITY-ST-ZIP SARASOTA FL ☐ DELETE

3.1 TITLE 2ND UPD
3.2 NAME NORMAN BURNSTINE
3.3 STREET ADDRESS 102 CAMBRIDGE DR
3.4 CITY-ST-ZIP LONGWOOD, FL 32779 ☐ Change ☒ Addition

TITLE D
NAME BURNSTINE, ALLAN
STREET ADDRESS 152 BRIDGEVIEW COURT
CITY-ST-ZIP LONGWOOD FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME WAX, BARRY
STREET ADDRESS 51 DOLPHIN DRIVE
CITY-ST-ZIP TREASURE ISLAND FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE CHAIRMAN
NAME EDMONDS, ROYAL
STREET ADDRESS 9202 GRAND BLANC
CITY-ST-ZIP SEMINOLE FL ☐ DELETE

6.1 TITLE CHAIRMAN
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

LINDA FRASER

EDMONDS

4-22-98

(813) 841-6461

CR2E034 (10/97)