

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

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Apr 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 480637 (8)
1. Corporation Name
SILLER FURNITURE REPAIR AND REFINISHING, INC.



Principal Place of Business Mailing Address
927 S. DEERFIELD AVE. 927 S. DEERFIELD AVE.
DEERFIELD BCH FL 33441 DEERFIELD BCH FL 33441

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4961 SW 7th COURT		25 4961 SW 7th COURT		07/16/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1611657	
City & State		City & State		Applied For	
23 MARGATE FL		28 MARGATE FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33068		29 33068		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 BROWARD		30 BROWARD		Trust Fund Contribution	
				8. This corporation owes or has paid the current-year Intangible	
				Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

JENSEN, JACK A
999 SOUTH FEDERAL HIGHWAY
DEERFIELD FL

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

FL

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	ST	1.1 TITLE	
NAME	SILLER, DORIS	1.2 NAME	
STREET ADDRESS	972 S DEERFIELD AVE	1.3 STREET ADDRESS	4961 SW 7th COURT
CITY-ST-ZIP	DEERFIELD BCH, FL 0	1.4 CITY-ST-ZIP	MARGATE FL 33068
TITLE	P	2.1 TITLE	
NAME	SILLER, WALTER B	2.2 NAME	
STREET ADDRESS	972 S DEERFIELD AVE	2.3 STREET ADDRESS	4961 SW 7th COURT
CITY-ST-ZIP	DEERFIELD BCH, FL 0	2.4 CITY-ST-ZIP	MARGATE FL 33068
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] Date: 4/20/98

CR2E034 (10/97)