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May 01 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 # 483851 (2)
1. Corporation Name
THE FURNITURE FACTORY SHOWROOM, INC.



Principal Place of Business
4501 N. FEDERAL HIGHWAY
BOCA RATON FL 33431
US

Mailing Address
150 E. BOCA RATON ROAD
BOCA RATON FL 33432-3912

3. Date Incorporated or Qualified
09/03/1975

3a. Date of Last Report
03/06/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-1621117	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

SIDER, DONALD C., ESQ.
150 E. BOCA RATON ROAD
BOCA RATON FL 33432

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	BROWN, STEVEN B	1.2 NAME	
STREET ADDRESS	5802 NW 34 WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BROWN, MURRAY R.	2.2 NAME	
STREET ADDRESS	1628 U S HIGHWAY #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	JUPITER, TEQUES, FL00000	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	NADLER, PAMELA	3.2 NAME	
STREET ADDRESS	4761 NW 28TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	ROSS, ROSANN	4.2 NAME	
STREET ADDRESS	5049 NW 103 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	BROWN, DANA S.	5.2 NAME	
STREET ADDRESS	5802 NW 21ST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	
NAME	SABATH, ALLEN	6.2 NAME	
STREET ADDRESS	2326 NW 21ST AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: *Allen Sabath* - 4-26-97 368-2703 (561)
Date: _____ Daytime Phone: _____
CONTROLLER & TREASURER

CR2E034 (9/96)