


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

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Mar 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 498199 (9) 1. Corporation Name OAK RIDGE ROAD FURNITURE WAREHOUSE, INC.					
Principal Place of Business 634 W OAK RIDGE ROAD ORLANDO FL 32809			Mailing Address 634 W OAK RIDGE ROAD ORLANDO FL 32809-4803		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 03/04/1976 3a. Date of Last Report 04/23/1996 4. FEI Number 59-1667344 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	
9. Name and Address of Current Registered Agent TWEED, LLOYD T. 3238 INVERNESS CT. ORLANDO FL 32808			10. Name and Address of New Registered Agent 81 Name TWEED, Lloyd T 82 Street Address (P.O. Box Number is Not Acceptable) 1923 LONG POND DR 83 84 City LONGWOOD FL 85 Zip Code 32779		
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 <i>Lloyd T. Tweed</i> PRES. 2-27-97 Signature, typed or printed name of registered agent and location applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY, ST, ZIP PD TWEED, LLOYD T. 3238 INVERNESS CT. ORLANDO FL TITLE NAME STREET ADDRESS CITY, ST, ZIP S TWEED, GWYNDELL R. 3238 INVERNESS CT. ORLANDO FL TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP TITLE NAME STREET ADDRESS CITY, ST, ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PD 1.2 NAME TWEED, Lloyd T 1.3 STREET ADDRESS 1923 LONG POND DR. 1.4 CITY-ST-ZIP LONGWOOD FL 32779 2.1 TITLE S 2.2 NAME TWEED, GWYNDELL R. 2.3 STREET ADDRESS 1923 LONG POND DR. 2.4 CITY-ST-ZIP LONGWOOD, FL 32779 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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 if changed, or on an attachment with an address. SIGNATURE: <i>Lloyd T. Tweed</i> PRES. 2-27-97 407-857-9997 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)