


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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 592336 (2)
1. Corporation Name
HMF CUSTOM FURNITURE CORP.

Principal Place of Business
2025 TAFT ST.
HOLLYWOOD FL 33020

Mailing Address
2025 TAFT ST.
HOLLYWOOD FL 33020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1978	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State
27 Zip	28 Country	29 Zip	30 Country	4. FEI Number 59-1861583	Applied For 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 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 TERKIEL, JOSEPH 21414 NE 19 CT. MIAMI FL 33179				10. Name and Address of New Registered Agent	
81 Name				TERKIEL JOSEPH (SAME)	
82 Street Address (P.O. Box Number is Not Acceptable)				3680 NE 201ST ST 2 NEW	
83 City				AVENTURA FL 33180	
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 *Joseph Terkiel* PRESIDENT DATE 2/12/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PO	NAME	TERKIEL, JOSEPH	1.1 TITLE	V.P.D.	1.2 NAME	TERKIEL JOSEPH
STREET ADDRESS	21414 NE 19TH CT.	1.3 STREET ADDRESS	3680 NE 201ST ST	1.4 CITY - ST - ZIP	AVENTURA FL 33180	2.1 TITLE	TERKIEL LESLIE
CITY - ST - ZIP	N. MIAMI BEACH FL	2.2 NAME	4800 N 37TH ST	2.3 STREET ADDRESS	HOLLYWOOD FL 33021	2.4 CITY - ST - ZIP	HOLLYWOOD FL 33021
TITLE	D	NAME	TERKIEL, MARGARITA	3.1 TITLE		3.2 NAME	
STREET ADDRESS	21414 NE 19TH CT	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP		4.1 TITLE	
CITY - ST - ZIP	N. MIAMI BEACH FL	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
TITLE	V.P.D.	NAME	TERKIEL, LESLIE S.	5.1 TITLE		5.2 NAME	
STREET ADDRESS	4800 N 37TH STREET	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP		6.1 TITLE	
CITY - ST - ZIP	HOLLYWOOD FL	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE		NAME					
STREET ADDRESS							
CITY - ST - ZIP							
TITLE		NAME					
STREET ADDRESS							
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: *Joseph Terkiel* VICE PRESIDENT DATE 2-12-98 054 021-7644

CR2E034 (10/97)