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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **706370** **(4)**

1. Corporation Name
FLORIDA FURNITURE DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
305 W. HIGH ST. SPACE 400 P.O. BOX 2396 HIGH POINT NC 27261	305 W. HIGH ST. SPACE 400 P.O. BOX 2396 HIGH POINT NC 27261-2396

3. Date Incorporated or Qualified: 11/05/1963
3a. Date of Last Report: 03/25/1996

2. Principal Place of Business
21 P.O. Box 1249
Suite, Apt. #, etc. 22
City & State 23 High Point, NC
Zip 24 27261 Country 25

2a. Mailing Address
26 P.O. Box 1249
Suite, Apt. #, etc. 27
City & State 28 High Point, NC
Zip 29 27261 Country 30

4. FEI Number: 23-7000294 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

HAYNES, DAVID
387 S YONGE ST.
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name: Cater, Jim
82 Street Address (P.O. Box Number Is Not Acceptable): 309 N Lake Blvd.
83 P.O. Box 12247
84 City: Lake Park FL 85 Zip Code: 33403

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Jim Cater, President — Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered agent signature required when reinstating) Jim Cater
DATE: 2-13-97

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CATER, JIM POB 12247 LAKE PARK FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Cater, Jim 309 N Lake Blvd. Lake Park FL 33403	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD HAYNES, DAVID 387 S YONGE ST ORMOND BEACH FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DD Hiatt, Mary Ellen P.O. Box 1249, 209 S. Main, M-1213 High Point, NC 27261	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CAPO, PEDRO 1260 NW 72ND AVE MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	CD Capo, Pedro 1260 NW 72nd Ave Miami FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD D'ALESSANDRO, FRAN 1415 COLONIAL BLVD. FT. MYERS FL 33907	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REYNOLDS, BRITT 1610 US 1 VERO BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BROWN, MURRAY 1628 US 1 JUPITER FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary Ellen Hiatt VICE PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mary Ellen Hiatt
Date: 2/13/97 Daytime Phone #: (910) 885-6146