

FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 736198					
1. Corporation Name FLORIDA ASSOCIATION OF FURNITURE MANUFACTURERS, INC.					
Principal Place of Business 9016 FROUDE AVE. SURFSIDE FL 33154-3216 US			Mailing Address PO BOX 545946 SURFSIDE FL 33154-5946 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1976	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1735360	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	Trust Fund Contribution	

9. Name and Address of Current Registered Agent ARGOW, SANDRA 9016 FROUDE AVE. SURFSIDE FL 33154				10. Name and Address of New Registered Agent	
81. Name				85. Zip Code	
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City					

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

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	P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ROBINSON, GARY		1.2 NAME	DAN KAMIS			
STREET ADDRESS	42 N.E. 25TH STREET		1.3 STREET ADDRESS	4800 N.W. 37th AVENUE			
CITY-ST-ZIP	MIAMI FL 33137		1.4 CITY-ST-ZIP	MIAMI, FL 33142			
TITLE	T	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, LEO		2.2 NAME				
STREET ADDRESS	255 NW 25TH ST		2.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33127		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAURICE, JOAN		3.2 NAME				
STREET ADDRESS	521 N.E. 189TH STREET		3.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI FL 33179		3.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V. PRESIDENT	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RAPPOPORT, JESSE		4.2 NAME	ATHENA CARLIN			
STREET ADDRESS	PO BOX 650185 N/A		4.3 STREET ADDRESS	1850 N.E. 144th STREET			
CITY-ST-ZIP	MIAMI FL 33265		4.4 CITY-ST-ZIP	N. MIAMI, FL 33181			
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KONIGSBERG, NATHAN		5.2 NAME				
STREET ADDRESS	1201 S OCEAN DR #701 N		5.3 STREET ADDRESS				
CITY-ST-ZIP	HALLANDALE FL 33019		5.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FEDERICI, RALPH		6.2 NAME				
STREET ADDRESS	1850 N.E. 144TH STREET		6.3 STREET ADDRESS				
CITY-ST-ZIP	N. MIAMI FL 33181		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES

1/8/99

Date

305-634-4959

Daytime Phone #

CR2E037 (11/98)