


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

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Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 850491 (2) 1. Corporation Name HOUSEWARES MERCHANDISERS, INC.					
Principal Place of Business 20633 S. FORDYCE AVE. PO BOX 6239 CARSON CA 90749			Mailing Address 20633 S. FORDYCE AVE. PO BOX 6239 CARSON CA 90749		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/28/1981 4. FEI Number 95-3408476 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. 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 PRENTICE-HALL CORPORATION SYSTEM INC 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301					
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.5 DELETE 1.6 TITLE 1.7 NAME 1.8 STREET ADDRESS 1.9 CITY-ST-ZIP 1.10 DELETE 1.11 TITLE 1.12 NAME 1.13 STREET ADDRESS 1.14 CITY-ST-ZIP 1.15 DELETE 1.16 TITLE 1.17 NAME 1.18 STREET ADDRESS 1.19 CITY-ST-ZIP 1.20 DELETE					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 2.5 DELETE 2.6 TITLE 2.7 NAME 2.8 STREET ADDRESS 2.9 CITY-ST-ZIP 2.10 DELETE 2.11 TITLE 2.12 NAME 2.13 STREET ADDRESS 2.14 CITY-ST-ZIP 2.15 DELETE 2.16 TITLE 2.17 NAME 2.18 STREET ADDRESS 2.19 CITY-ST-ZIP 2.20 DELETE					



DO NOT WRITE IN THIS SPACE

SIGNATURE:

SIGNATURE REQUIRED Joseph S. Muto Secretary

1/12/98

(310)886-3700

CF2E034 (10/97)