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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Jan 27 1998 8:00am Secretary of State

DOCUMENT # 850491 (2) 1. Corporation Name HOUSEWARES MERCHANDISERS, INC.								
Principal Place of Business Mailing Address								411 01211 1801
20633 S. FORDYCE AVE. 20633 S. FORDYCE AVE.								
PO BOX 6239 PO BOX 6239								
CARSON CA 90749 CARSON CA 90749					ļ	DO NOT WRITE IN THIS	SPACE	
<u> </u>						3. Date Incorporated or Qualified 09/28/1981		
L	lace of Business	e of Business 2a. Mailing Address				4. FEI Number	I A	pplied For
21	26 Suite Ant Heate					95-3408476		lot Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional
								Required
23	State City & State			6. Election Campaign Financing				May Be
Zip	Country	Zip	Country			Trust Fund Contribution		to Fees
24	25	⊢ `	30	•		 This corporation owes or has paid the corporation owes or has paid the corporation of the property Tax due June 30. 		No Itangibie
	9. Name and Address of Current I		50 ,			10. Name and Address of New Registered		
PRI	ENTICE-HALL CORPORATION SYS	TEM INC	81	Name	•			
1201 HAYES STREET 82 Street Act					Addres	s (P.O. Box Number is Not Acceptable)		
SUITE 105					~~~	s (F.O. Box (Variber is NOt Acceptable)		
TALLAHASSEE FL 32301								1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			84	City			85 Zip	Code
<u>.</u>						<u>F</u> I	_ '	
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.								its registered registered
SIGNATURE								
	Signature, typed or printed name of registered agent and title if applicable. (NOTE : 12. OFFICERS AND DIRECTORS			ant signature	raquired v	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AN	D SIDEOTOI	
TITLE	CD DELETE		1.1 TITLE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition S
NAME	BLAKE, ALFRED	1.2				RES, BRENDA W.	ondango	
STREET ADDRESS	ONE MIKASA DR	1.3		,		33 South Fordyce Ave.		5
CITY-ST-ZIP	SECAUCUS NJ			T-ZIP		g_Beach, CA 90810		15
TITLE	V	☐ DELETE 2.1			V/D		X Change	Addition
NAME	Santarelli, anthony	IONY 2,2			SAN'	TARELLI, ANTHONY F.		_
STREET ADDRESS	ONE MICAGA DD		2.3 STREET			Mikasa Drive		
CITY-ST-ZIP	CECALICUS MI		2. 4 CITY-5	2.4 CITY-ST-ZIP Sec		aucus, New Jersey 07096		
TITLE	PDC				P/D		X Change	Addition
NAME			3.2 NAME	3.2 NAME DIN		GMAN, RAYMOND B.		
STREET ADDRESS	20633 S. FORDYCE AVENUE			3.3 STREET ADDRESS One		Mikasa Drive		1
CITY - ST - ZIP	LONG BEACH CA		3.4. CITY-5	3.4. CITY-ST-ZIP Se		aucus, New Jersey 07096		
TITLE	SD				S/D		X. Change	Addition
NAME	MUTO, JOSEPH S.	•				O, JOSEPH S.		.
STREET ADDRESS	624 S. GRAND AVE. #2600		4.3 STREET	ADDRESS	206	33 SOUTH FORDYCE AVE.		
CITY-ST-ZIP	LOS ANGELES CA		4.4 CITY-S	T-ZIP	LON	G BEACH, CA 90810		
TITLE	D	DELETE	5.1 TITLE				☐ Change	Addition
NAME	ARATANI, GEORGE T.		5.2 NAME	ļ				
STREET ADDRESS	20633 S FORDYCE AVENUE		5.3 STREET	ADDRESS				
CITY-ST-ZIP	LONG BEACH CA	0.1		T-ZIP				
TITLE		DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME	-				
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY-S					
14 I hereby co	ertify that the information supplied with	this filled door not qualify for	the event	ion ototo	d la Car	ation 110 07(2)(i) Florido Statutas I further a	att the state of	7-4

14. I hereby certify that the information supplied with this filling 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 an attachment with an address.

SIGNATURE:

Secretary Joseph S. Muto Secretary

1/12/98

(310)886-3700