


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

FILED
May 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # FS2963					
1. Corporation Name BLACKWELDER UNFINISHED FURNITURE of MIAMI					
Principal Place of Business 12475 S. Dixie Highway Miami, FL 33156			Mailing Address 12475 S Dixie Highway Miami, FL 33156		
2. Principal Place of Business 21 12475 S. Dixie Hwy.		2a. Mailing Address 26		3. Date Incorporated or Qualified 1979	
Suite Apt # etc 22		Suite, Apt #, etc. 27		3a. Date of Last Report 1996	
City & State 23 Miami FL		City & State 28		4. FEI Number 59-2140999	
Zip 24 33156		Country 25 USA		Applied For Not Applicable	
Country 29		Country 30		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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent Bruce S Butler 9709 W SAMPLE RD CORAL SPRINGS FL 33065			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 and am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE * PRESIDENT					
1.2 NAME FRANCES BLACKWELDER					
1.3 STREET ADDRESS 260 SHADOW WAY					
1.4 CITY-ST-ZIP MIAMI FL 33166					
2.1 TITLE <input type="checkbox"/> DELETE * VICE PRESIDENT					
2.2 NAME BARBARA SHEA					
2.3 STREET ADDRESS 381 DEER RUN					
2.4 CITY-ST-ZIP MIAMI FL 33166					
3.1 TITLE <input type="checkbox"/> DELETE CORP. SECRETARY					
3.2 NAME JAMES BLACKWELDER					
3.3 STREET ADDRESS 400 MINOLA DR					
3.4 CITY-ST-ZIP MIAMI FL 33166					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
1.1 TITLE DIRECTOR					
1.2 NAME CINDY WEEK					
1.3 STREET ADDRESS 17990 ANCHOR DR					
1.4 CITY-ST-ZIP SUPPER FL 33458					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
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5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
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5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
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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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JAMES BLACKWELDER** 4-20-97 305-236-5379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)