

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

FILED

Mar 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F63675** (5)
1. Corporation Name
SHIPWRECK FURNISHING, INC.

Principal Place of Business
**1620 VILLAGE GREEN DR
PT ST LUCIE FL 34952**

Mailing Address
**1620 VILLAGE GREEN DR
PT ST LUCIE FL 34952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/25/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2189000	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

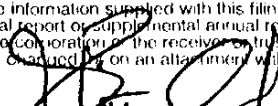
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LEACH, RICHARD R 6805 S INDIAN RIVER DR STUART, FL FT PIERCE FL 34982		61	Name
		62	Street Address (P.O. Box Number is Not Acceptable)
		63	
		64	City
		65	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
P	LEACH, RICHARD R	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6805 S INDIAN RIVER DRIVE		1.3 STREET ADDRESS	
FT PIERCE FL		1.4 CITY - ST - ZIP	
VP	RITLAND, JAMES M	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7N VIA LUCINDIA		2.1 TITLE	
STUART FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
ST	LEACH, PATRICIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6805 S INDIAN RIVER DRIVE		3.1 TITLE	
FT PIERCE FL		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		6.1 TITLE	
		6.2 NAME	
		6.3 STREET ADDRESS	
		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; the receiver is duly 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 by an attachment with an address

SIGNATURE:  **James Ritland** 2-12-98 (501)335-1150

CR2E034 (10/97)