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Apr 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002679 (7)

1. Corporation Name

BROOK FURNITURE RENTAL, INC.



Principal Place of Business

2015 DIRECTORS ROW
ORLANDO FL 32809

Mailing Address

2651 ALLAN DRIVE
ELK GROVE VILLAGE IL 60007-6758

3. Date Incorporated or Qualified

06/02/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

36-3008756

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	CRAWFORD, ROBERT W	
STREET ADDRESS	2301 EAST OAKTON	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PETERSON, THOMAS S	
STREET ADDRESS	2301 EAST OAKTON STREET	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CRAWFORD, WINIFRED G	
STREET ADDRESS	2301 EAST OAKTON	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	LUTTRELL, JOHN J	
STREET ADDRESS	2301 EAST OAKTON STREET	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL 60005	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CONLIN, VICKY	
STREET ADDRESS	2301 EAST OAKTON	
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PETERSON, THOMAS S	
STREET ADDRESS	2651 ALLAN DRIVE	
CITY-ST-ZIP	ELK GROVE IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MUCHOWSKI, PHILIP A.	
1.3 STREET ADDRESS	2651 ALLAN DRIVE	
1.4 CITY-ST-ZIP	ELK GROVE, IL 60007	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CAROL LAHVIC	
2.3 STREET ADDRESS	1140 GALAXY WAY	
2.4 CITY-ST-ZIP	CONCORD, CA	
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		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/97

847 595 7775

CR2E034 (9/96)