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Feb 05 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 # F96000002490 (8)

1. Corporation Name
FRANKEL'S HOME FURNISHINGS, INC.



Principal Place of Business
6 HARBOR PARK DR
PORT WASHINGTON NY 11050

Mailing Address
6 HARBOR PARK DR
PORT WASHINGTON NY 11050-4647

3. Date Incorporated or Qualified
05/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SHERWOOD, NED	
STREET ADDRESS	120 W 45TH ST #2800	
CITY - ST - ZIP	NY NY 10036	
TITLE	CEO	<input type="checkbox"/> DELETE
NAME	SHERWOOD, NED	
STREET ADDRESS	120 W 45TH ST #2800	
CITY - ST - ZIP	NY NY 10036	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ZALESKI, MICHEL	
STREET ADDRESS	120 W 45TH ST #2800	
CITY - ST - ZIP	NY NY 10036	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FALKTOFT, HENRIK	
STREET ADDRESS	120 W 45TH ST #2800	
CITY - ST - ZIP	NY NY 10036	
TITLE	DPST	<input type="checkbox"/> DELETE
NAME	GATTA, WILLIAM	
STREET ADDRESS	6 HARBOR PARK DR	
CITY - ST - ZIP	PORT WASHINGTON NY 11050	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	GATTA, WILLIAM	
STREET ADDRESS	6 HARBOR PARK DR	
CITY - ST - ZIP	PORT WASHINGTON NY 11050	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEFFREY OYSTER	
1.3 STREET ADDRESS	120 W. 45TH ST #2600	
1.4 CITY - ST - ZIP	NY NY 10036	
2.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GERALD DEUTSCH	
2.3 STREET ADDRESS	6 HARBOR PARK DRIVE	
2.4 CITY - ST - ZIP	PORT WASHINGTON, NY 11050	
3.1 TITLE	CONTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOSEPH IZZO	
3.3 STREET ADDRESS	6 HARBOR PARK DRIVE	
3.4 CITY - ST - ZIP	PORT WASHINGTON, NY 11050	
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:

Joseph Izzo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-27-97

516-484-6700

Date

Daytime Phone

CR2E034 (9/96)