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Feb 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000001002 (1)

1. Corporation Name
SUNLITE CASUAL FURNITURE, INC.



Principal Place of Business

Mailing Address

SUNLITE INDUSTRIES
101 WOOD AVE. SOUTH
ISELIN NJ 08830

SUNLITE INDUSTRIES
101 WOOD AVE. SOUTH
ISELIN NJ 08830

SunLite Casual Furniture, Inc. SunLite Casual Furniture, Inc.

2. Principal Place of Business

2a. Mailing Address

21 1400 Donelson Pike

26 1400 Donelson Pike

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite B-4

27 Suite B-4

City & State

City & State

23 Nashville, TN

28 Nashville, TN

Zip Country

Zip Country

24 37217

25 USA

29 37217

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 filer if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	XX DELETE
NAME	RAOS, JOHN G	
STREET ADDRESS	101 WOOD AVE. SOUTH	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	VS	DELETE
NAME	MACLEAN, GEORGE H	
STREET ADDRESS	101 WOOD AVE. SOUTH	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	VT	DELETE
NAME	BRIER, ROBERT M	
STREET ADDRESS	101 WOOD AVE. SOUTH	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	V	DELETE
NAME	SANDER, DOROTHY E	
STREET ADDRESS	101 WOOD AVE. SOUTH	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	AT	DELETE
NAME	REILLY, PETER F	
STREET ADDRESS	101 WOOD AVE. SOUTH	
CITY-ST-ZIP	ISELIN NJ 08830	
TITLE	AS	DELETE
NAME	BARRE, STEVEN C	
STREET ADDRESS	101 WOOD AVE. SOUTH	
CITY-ST-ZIP	ISELIN NJ 08830	

1.1 TITLE	P	Change	XX Addition
1.2 NAME	Olivere, James V.		
1.3 STREET ADDRESS	1400 Donelson Pike, Suite B-4		
1.4 CITY-ST-ZIP	Nashville, TN 37217		
2.1 TITLE	D	Change	XX Addition
2.2 NAME	Duff, Peter		
2.3 STREET ADDRESS	1400 Donelson Pike, Suite B-4		
2.4 CITY-ST-ZIP	Nashville, TN 37217		
3.1 TITLE	D	Change	XX Addition
3.2 NAME	Klinghamer, Mark		
3.3 STREET ADDRESS	1400 Donelson Pike, Suite B-4		
3.4 CITY-ST-ZIP	Nashville, TN 37217		
4.1 TITLE	D	Change	XX Addition
4.2 NAME	Breen, Laurence		
4.3 STREET ADDRESS	1400 Donelson Pike, Suite B-4		
4.4 CITY-ST-ZIP	Nashville, TN 37217		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
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 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] 1/25/98 11:35:10

CR2E034 (10/97)