FILED SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) Aug 25 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 DIVISION OF CORPORATIONS DOCUMENT # H85550 (2) SUN CONTEMPORARY FURNITURE CORP. Principal Place of Business Mailing Address 7720 N. FEDERAL HWY. 7720 N. FEDERAL HWY. **BOCA RATON FL 33487-8614 BOCA RATON FL 33487-8614** DO NOT WRITE IN THIS SPACE 3a. Date of Last Report Date Incorporated or Qualified 11/15/1985 04/30/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2595068 21 26 Not Applicable Sulte, Apt. #. etc. Suite, Apt. #, etc. **\$8.75** Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CAPOZIO, GRAHAM 7720 N. FEDERAL HWY. 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 City Zip Code 11. Pursuant to the provisions of Soctions 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 reinslatings ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1.1 TIBLE Change Addition TITLE SNYDER, VICKIE 1.2 NAME **CANAL DRIVE** STREET ADDRESS 1.3 STREET ADDRESS LANTANA FL CITY - ST-ZIP 1.4 CITY - ST- ZIP DELETE 2.1 TITLE Change Addition TITLE CAPOZIO, GRAHAM 2.2 NAME NAME 1110 RAINWOOD CIRCLE 23 STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 2. 4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DECETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELFTE 4.1 TITLE TITLE 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Chang Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing closs 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 off an attachment with an address.

6.3 STREET ADDRESS

6.1 TITLE

62 NAME

DELETE

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

7-17-97

***550.00

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Addition