

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #J14455 (6)		1. Corporation Name	
CNR Stores, Inc.		Mailing Address	
5250 Town Ctr. Cir., Ste 131 Boca Raton, FL 33486-1067		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business		3. Date Incorporated or Qualified	3a. Date of Last Report
21		05/16/1986	05/01/1995
2a. Mailing Address		4. FEI Number	Applied for
26		59-2701125	Not Applicable
Suite, Apt. #, etc.		5. Certificate of Status Desired	
27		\$8.75 Additional Fee Required	
City & State		6. Election Campaign Financing	
28		\$5.00 May Be Added to Fee	
23		Trust Fund Contribution	
Zip		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	
Country		Yes <input type="checkbox"/> No <input type="checkbox"/>	
24		29	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Solomon, Allan B. 7777 Glades Rd., Ste. 300 Suite 131 Boca Raton, FL 33434		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	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Solomon, Allan B.	11 TITLE	
NAME	7777 Glades Rd.	12 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Boca Raton, FL	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	Niddan, Max	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5250 Town Center Cir, Ste 131	22 NAME	
STREET ADDRESS	Boca Raton, FL	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	Niddan, Aline	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5250 Town Center Dir, Ste 131	32 NAME	
STREET ADDRESS	Boca Raton, FL	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	900001842733
STREET ADDRESS		53 STREET ADDRESS	-05/29/96--01073--021
CITY - ST - ZIP		54 CITY - ST - ZIP	***200.00
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(A), 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: <i>Aline Niddan</i>		ALINE NIDDAN, Pres. 4/30/96 4073383212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	