

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K50602** (7)

1. Corporation Name
OAK TREE FURNITURE, INC.



Principal Place of Business: 2795 W. NEW HAVEN AVE. WEST MELBOURNE FL 32904
Mailing Address: 2795 W. NEW HAVEN AVE. WEST MELBOURNE FL 32904

3. Date Incorporated or Qualified: 12/06/1988
3a. Date of Last Report: 02/23/1995

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-2920723
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
6. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: REED, LARRY, 2895 W. NEW HAVEN AVE., MELBOURNE FL 32904
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D [] DELETE	1 1 TITLE	[] Change [] Addition
NAME	REED, LARRY	1 2 NAME	
STREET ADDRESS	2895 W. NEW HAVEN AVE.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32904-7	1 4 CITY-ST-ZIP	
TITLE	[] DELETE	2 1 TITLE	[] Change [] Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	[] DELETE	3 1 TITLE	[] Change [] Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	[] DELETE	4 1 TITLE	[] Change [] Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	[] DELETE	5 1 TITLE	[] Change [] Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	[] DELETE	6 1 TITLE	[] Change [] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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(3)(k), 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: Larry L. Reed LARRY L. Reed 2-7-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)