

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
Feb 20 1996 8:00 am  
Secretary of State

**DOCUMENT # L57714**

1. Corporation Name

**FENIX FURNITURE CO.**

Principal Place of Business Mailing Address

~~1622 Ponce de Leon Boulevard  
Suite 215  
Coral Gables, Florida 33134~~

**500001718935**

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| 2. Principal Place of Business<br>21 <b>233 Aragon</b>                             |  | 2a. Mailing Address<br>26 <b>233 Aragon</b>     |  | 3. Date Incorporated or Qualified<br><b>03/14/90</b>   |  | 3a. Date of Last Report<br><b>01/25/95</b> |  |
| State Apt. #, etc.<br>22   |  | State Apt. #, etc.<br>27                        |  | 4. FEI Number<br><b>65-0186163</b>   |  | Applied For<br>Not Applicable              |  |
| City & State<br>23 <b>Coral Gables, Florida</b>                                    |  | City & State<br>28 <b>Coral Gables, Florida</b> |  | 5. Certificate of Status Desired <input type="checkbox"/>  |  | <b>\$8.75</b> Additional Fee Required      |  |
| Zip<br>24 <b>33134</b>   |  | Country<br>25 <b>USA</b>                        |  | Zip<br>29 <b>33134</b>   |  | Country<br>30 <b>USA</b>                   |  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  |   |  | 7. This corporation has liability for intangible tax under s. 199.032,<br>Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|  |  |  |  |  |  |                             |  |
|--|--|--|--|--|--|-----------------------------|--|
| 9. Name and Address of Current Registered Agent  |  |  |  | 10. Name and Address of New Registered Agent                               |  |                             |  |
| 81 Name<br><b>Marjorie Goldman</b>   |  |  |  | 81 Name<br><b>Marjorie Goldman</b>   |  |                             |  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><del>2512 Columbus Boulevard</del><br><b>233 Aragon</b> |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>233 Aragon</b> |  |                             |  |
| 83   |  |  |  | 83   |  |                             |  |
| 84 City<br><del>Coral Gables, Florida 33134</del><br><b>Coral Gables</b>   |  |  |  | 85 FL  |  | 85 Zip Code<br><b>33134</b> |  |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Type or print the printed name of registered agent and state of incorporation. (If the registered agent's signature is required when translating.)

| 12. OFFICERS AND DIRECTORS   |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                    |   |
|--|---|--|---|
| 1. TITLE<br><b>D/P/T</b> <input type="checkbox"/> DELETE                     | 1. NAME<br><del>Marjorie Goldman</del><br><b>Marjorie Goldman</b>                           | 1. TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 1. NAME<br><b>Marjorie Goldman</b>                      |
| 2. STREET ADDRESS<br><del>2512 Columbus Boulevard</del><br><b>233 Aragon</b> | 2. STREET ADDRESS<br><del>Coral Gables, Florida</del><br><b>Coral Gables, Florida 33134</b> | 2. STREET ADDRESS<br><b>233 Aragon</b>   | 2. STREET ADDRESS<br><b>Coral Gables, Florida 33134</b> |
| 3. CITY-ST-ZIP<br><del>Coral Gables, Florida</del>                           | 3. CITY-ST-ZIP<br><del>Coral Gables, Florida</del>  | 3. CITY-ST-ZIP<br><b>Coral Gables, Florida 33134</b>                                     | 3. CITY-ST-ZIP<br><b>Coral Gables, Florida 33134</b>    |
| 4. TITLE<br><b>D/V/S</b> <input type="checkbox"/> DELETE                     | 4. NAME<br><del>F. Michael Steffens</del><br><b>F. Michael Steffens</b>                     | 4. TITLE<br><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | 4. NAME<br><b>F. Michael Steffens</b>                   |
| 5. STREET ADDRESS<br><del>2513 Columbus Boulevard</del><br><b>233 Aragon</b> | 5. STREET ADDRESS<br><del>Coral Gables, Florida</del>                                       | 5. STREET ADDRESS<br><b>233 Aragon</b>   | 5. STREET ADDRESS<br><b>Coral Gables, Florida 33134</b> |
| 6. CITY-ST-ZIP<br><del>Coral Gables, Florida</del>                           | 6. CITY-ST-ZIP<br><del>Coral Gables, Florida</del>  | 6. CITY-ST-ZIP<br><b>Coral Gables, Florida 33134</b>                                     | 6. CITY-ST-ZIP<br><b>Coral Gables, Florida 33134</b>    |
| 7. TITLE   | 7. NAME   | 7. TITLE   | 7. NAME   |
| 8. STREET ADDRESS  | 8. STREET ADDRESS   | 8. STREET ADDRESS  | 8. STREET ADDRESS                                       |
| 9. CITY-ST-ZIP   | 9. CITY-ST-ZIP  | 9. CITY-ST-ZIP   | 9. CITY-ST-ZIP  |
| 10. TITLE  | 10. NAME  | 10. TITLE  | 10. NAME  |
| 11. STREET ADDRESS   | 11. STREET ADDRESS  | 11. STREET ADDRESS   | 11. STREET ADDRESS                                      |
| 12. CITY-ST-ZIP  | 12. CITY-ST-ZIP   | 12. CITY-ST-ZIP  | 12. CITY-ST-ZIP   |
| 13. TITLE  | 13. NAME  | 13. TITLE  | 13. NAME  |
| 14. STREET ADDRESS   | 14. STREET ADDRESS  | 14. STREET ADDRESS   | 14. STREET ADDRESS                                      |
| 15. CITY-ST-ZIP  | 15. CITY-ST-ZIP   | 15. CITY-ST-ZIP  | 15. 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: Marjorie Goldman President **01/31/96** 305/444-0528  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type or Print)

CR2E034 (12/95)

*Handwritten signature and date: 01/31/96*