

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

DOCUMENT # P11855 (4)
1. Corporation Name
HOME QUARTERS WAREHOUSE, INC.

Principal Place of Business Mailing Address
P.O. Box 8550 P.O. Box 8550
Virginia Beach, VA 23450 Virginia Beach, VA 23450

2. Principal Place of Business 2a. Mailing Address
21 575 Lynnhaven Parkway 26 575 Lynnhaven Parkway
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Virginia Beach, VA 28 Virginia Beach, VA
Zip 24 23452 25 Country 29 23452 30 Country

3. Date Incorporated or Qualified 10/21/86 3a. Date of Last Report 03/15/95
4. FEI Number 54-1387161 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION 81 Name
1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable)
PLAYTATION, FL 33324 83
84 City 85 FL 86 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title, if applicable. Date: Registered Agent's signature to be filed when registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	President & Chief Oper. Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Cort, Kenneth
STREET ADDRESS		1.3 STREET ADDRESS	575 Lynnhaven Parkway
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Virginia Beach, VA 23452
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	600001843876
CITY-ST-ZIP		3.4 CITY-ST-ZIP	-05/30/96--01016--010
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	***200.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	CL 5/29/96
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Sr V.P., Secretary & Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Adams, Mark
STREET ADDRESS		6.3 STREET ADDRESS	575 Lynnhaven Parkway
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Virginia Beach, VA 23452

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: M.P. Good M.P. Good 5/21/96 (804) 498-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Official Filing Fee

CR2E034 (12/95)