FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 28 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023086 (0)

1. Corporation Name
FOREST FURNITURE, INC.

Principal Place of Business
P O BOX 4764
MARGATE FL 33063

Mailing Address
P O BOX 4764
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/24/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 1728 N. Hwy 427
Suite, Apt. #, etc.
22 Longwood,
City & State
23 Longwood, Fla
Zip 24 32750
Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29
Country 30

4. FEI Number: 65-0405501 — 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
ANTH, THOMAS
246 N.W. 104 AVENUE
CORAL SPRINGS FL 33071

10. Name and Address of New Registered Agent
81 Name: Thomas Anth
82 Street Address (P.O. Box Number is Not Acceptable): 203 Eileen Avenue
83
84 City: Altamonte Springs FL 85 Zip Code: 32714

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: Thomas C. Anth — 1-30-95
Signature of a Florida Resident Registered Agent Not Required for Filing Purposes — NOTE: Registered Agent Signature required when resigning — DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANTH, THOMAS
STREET ADDRESS	12660 NW 39TH PLACE
CITY ST ZIP	SUNRISE FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Thomas Anth	
1.3 STREET ADDRESS	203 Eileen Avenue	
1.4 CITY ST ZIP	Altamonte Springs, Fla. 32714	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY ST ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY ST ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 hereunder, or on an attachment with an address.

SIGNATURE: Thomas C. Anth 1-30-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Digital Check #

0425140 FP