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 # **P93000034410 (9)**

1. Corporation Name

HAMILTON FURNITURE, INC.

Principal Place of Business	Mailing Address
3217 WASHINGTON RD WEST PALM BEACH FL 33405	P O BOX 14833 NO PALM BCH FL 33408 US

2. Principal Place of Business	2a. Mailing Address
21 224 DAYTONA	26 P.O. Box 14833
Suite, Apt. #, etc. 22 Suite 1217	Suite, Apt. #, etc. 27
City & State 23 West Palm Beach FL	City & State 28 North Palm Beach FL
Zip 24 33401 Country 25 U.S.A.	Zip 29 33408 Country 30 U.S.A

3. Date Incorporated or Qualified: 05/12/1993
3a. Date of Last Report: 03/20/1995
4. FEI Number: 65-0421520 ☐ 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

MITCHELL, CATHERINE R
3217 WASHINGTON RD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: Mitchell, Catherine R
82 Street Address (P.O. Box Number is Not Acceptable): 294 CARDOVA
83
84 City: West Palm Beach FL 85 Zip Code: 33405

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: X Catherine Mitchell — DATE: 3-28-96
Signature, type or printed name of registered agent & title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP T	☐ DELETE	1.1 TITLE	Mitchell, Catherine R	☒ Change ☐ Addition
NAME	MITCHELL, CATHERINE R		1.2 NAME		
STREET ADDRESS	3217 WASHINGTON RD		1.3 STREET ADDRESS	294 CARDOVA	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL	
TITLE	P S	☐ DELETE	2.1 TITLE	Stewart, Andrew H	☒ Change ☐ Addition
NAME	STEWART, ANDREW H		2.2 NAME		
STREET ADDRESS	107 E 63RD ST STE 2A		2.3 STREET ADDRESS	294 CARDOVA	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	West Palm Beach, FL	
TITLE		☐ DELETE	3.1 TITLE	VP - Finance	☐ Change ☒ Addition
NAME			3.2 NAME	Mary R. Mitchell	
STREET ADDRESS			3.3 STREET ADDRESS	840 Anchorage Dr.	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	North Palm Beach, FL 33408	
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: Catherine Mitchell — 3-28-96 (Date) — (407) 832-5855 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)