SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 SEP 16 1M 9: 39

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATION

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

P93000047463 (3)

FURNITURE EXPRESSIONS INC.										
Principal Place	Mailing Address				- I HEDINEGI ING TOHER ININI ORANI DOKAT BOKKT GENET BIRKT 1886 ENGAR BANGO ANN 1881					
22841 STATE ROAD 7 BOCA RATON FL 33428 US				1800 S. OCEAN DR. SUITE 1004 POMPANO BEACH FL 33062				3. Date Incorporated or Qualified 3a. Date of Last Report 06/30/1993 05/01/1995		
	lace of Busin	ess	2	a. Mailing A	Address			4. FEI Number	Applied For	
21								65-0419484	Not Applicable	
Suite, Apt #, etc.				Suite, Apt #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State				City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24		Country	-	<i>Z</i> ip ⊐		Countr	У	8. This corporation has liability fo		
24]		25 and Address of	Current Rec			30		Florida Statutes	Yes No	
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  Name										
JACKSON, ALEXANDER 1800 S. OCEAN DR. SUITE 1004 POMPANO BEACH FL 33062						8:	2 Street Add	Street Address (PO. Box Number is Not Acceptable)		
						8	83			
,	OWII 74(O D	ENOTITE SSU	<b>L</b>			84	1 City		85 Zip Code	
11 Pursuant	to the provisi	ons of Sections 6	17.0502 and	607 1508 E	lorida Statut	os the abou	o named corr	poration submits this statement for the	FL   13   2   0   0   0   0   0   0   0   0   0	
agent. I a	egistered agi	ent, or both, in the h, and accept the	) State of Flo	rida. Such ci	haride was a	authorized by	z the corporati	ion's board of directors. Thereby accep	of the appointment as registered	
SIGNATURE Signature: typed or printed mure of registered agent and tire if applicable (NOTE Registered Agent signature required when reinstating) (NOTE										
12.		OFFICE	RS AND DIR	ECTORS		13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12	
T)TLE	P			<u>L</u>	DELETE	1 1 TITLE			Change Addition	
NAME		(IND, PAUL				1.2 NAME				
STREET ADDRESS 7340 N.W. 75TH COURT				1 3 STREET ADDRESS			T ADDRESS			
CITY-ST-ZIP TITLE	LAUUE	RHILL FL 33319	}		DELETE	1 4 CITY -	ST-ZIP		1	
NAME				L	DECETE	21 TITLE			Change Addition	
STREET ADDRESS						2 2 NAME				
CITY-ST-ZIP						I	ET ADDRESS			
TITLE					DELETE	2 4 CHY 3 1 TITLE	- 51 - 21P		Change Addition	
NAME						3 2 NAME		en men	001963059	
STREET ADDRESS						3 3 STAEE	T ADDRESS		/9601062008	
CITY-ST-ZIP						3 4 CITY	- ST - ZIP		25.00 ****225.00	
TITLE					DELETE	4 1 TITLE			Change Addition	
NAME						4 2 NAME				
STREET ADDRESS						4.3 STREE	T ADDRESS			
CITY-ST-ZIP					DC+C+C	4.4 CITY -	ST - ZIP			
TITLE				<b>L</b>	DELETE	5 1 TITLE			Change Addition	
NAME Street #Doress						5 2 NAME	1			
CITY-S*-ZIP						5 3 STREE 5 4 CITY -	T ADDRESS			
TITLE		<del></del>			DELETE	5 4 CHY -	ai-Ar		Change Addition	
NAME 4						6 2 NAME	}		energy radicion	
STREET ADDRESS							T ADDRESS			
CITY-ST-ZIP						64 CITY				
14. I do hereb	by certify that	the information s	upplied with	this filing is	voluntarily fu	rnished and	does not qua	lify for the exemption stated in Section	119.07(3)(k), Florida Statutes 1	
made und	jei oam, mai	niormanon indica I am an officer or in Block 12 or Blo	ORECTOR OF IT	ie corooraiic	nn or the reci	Alver of trust	AA ANINAWATA	and accurate and that my signature shi d to execute this report as required by	alt have the same legat effect as if Chapter 617, Florida Statules, and	

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