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FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000004552 (3)					
1. Corporation Name FLORIDA UNCLAIMED FURNITURE, INC.					
Principal Place of Business 2099 W ATLANTIC BLVD SUITE 208 POMPANO BEACH FL 33069			Mailing Address 2099 W ATLANTIC BLVD SUITE 208 POMPANO BEACH FL 33069-2733		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/20/1994	
21 Suite, Apt. #, etc.		25 Suite, Apt. #, etc.		3a. Date of Last Report 04/06/1996	
22 City & State		27 City & State		4. FEI Number 65-0474380	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HERNANDEZ, DAVID 210 N UNIVERSITY DR SUITE 502 SUITE 1000 CORAL SPRINGS FL 33071				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 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 _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME D			1.2 NAME		
STREET ADDRESS DIENES, DAVID			1.3 STREET ADDRESS		
CITY - ST - ZIP 11175 NW 45TH ST			1.4 CITY - ST - ZIP		
CITY - ST - ZIP CORAL SPRINGS FL 33065			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP			2.5 CITY - ST - ZIP		
3.1 TITLE <input type="checkbox"/> DELETE			3.2 NAME		
3.3 STREET ADDRESS			3.4 CITY - ST - ZIP		
3.5 CITY - ST - ZIP			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP			4.5 CITY - ST - ZIP		
5.1 TITLE <input type="checkbox"/> DELETE			5.2 NAME		
5.3 STREET ADDRESS			5.4 CITY - ST - ZIP		
5.5 CITY - ST - ZIP			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP			6.5 CITY - ST - ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					



CP2E034 (9/96)

4/15/97 954-968-8557

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