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

PROFIT CORPORATION ANNUAL REPORT 1998

CITY - ST- ZIP

STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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NAME

TITLE

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000024657 (6)

FURNITURE CONSULTANTS, INC.

Principal Place of Business 3481 POINCIANA AVE COCONUT GROVE FL 33133 US DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1994 2. Principal Place of Business 2a. Mailing Address Applied For		UNE CONSULTANTS, INC											
COCONUT GROVE FL 33133 S	Principal Place of Business Mailing Address							4 and condens and best block asset bests and the	. .	*****	Andre Make	1 1001 1001	
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Principal Place of Business 3. Date Incorporated or Qualified 03/31/1994 4. FEI Number 65-0478419 Not Applied For 65-0478419 Not Applied 5. Certificate of Status Desired	COCONUT GROVE FL 33133 COCONUT GROVE FL 33133				1			DO NOT WRITE IN THIS SPACE					
2. Mailing Address 2a. Mailing Address 5.0mmber Applied For 65-0478419 Not Applied For 65-0478419 Not Applied For 65-0478419 Not Applied For 65-0478419 Suite, Apt. #, etc. Suite, Address of New Replatered Apent app. #, etc. Suite, App. #, etc.	50		•				3.						
Suite, Apt. #, etc. Suite,	2. Principal Pl	ace of Business	2a. Mailing Address				4.				IAn	nlied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.	21		26	•						Not Applicabl			
City & State City & State City & State City & State Country Country Country Country Country Country Country Country Country St. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No. Name and Address of Current Registered Agent No. Name and Address of New Registered Agent No. Name and Address of Now Registered	Suite, Apt.	, etc.	Suite, Apt. #, etc.				5.						
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 3481 POINCIANA AVE COCONUT GROVE FL 33133 84 City FL 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 registere agent in am familiar with, and accept the obligations of, Socions 607.0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent am familiar with, and accept the obligations of, Socions 607.0505, Florida Statutes SIGNATURE Signature, byted or privad name of registered agent and lite! if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PTSD ORNOVESE, BEAU 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addit 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 10. Change Addit 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. SIRRET ADDRESS 14. CITY. ST. ZIP 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Addit 17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addit 19. Change Change Change Change Change Change Change Chang	City & State		City & State		-		6.						
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348 POINCIANA AVE COCONUT GROVE FL 33133 84 City FL 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PTSD QENOVESE, BEAU 1.2 NAME STREET ADDRESS CITY-S1-ZIP DELETE 1.3 STREET ADDRESS CITY-S1-ZIP DELETE 2.1 TITLE QCOONUT GRAVE FL DELETE 3.1 TITLE QCOONUT GRAVE FL DELETE 3.1 TITLE QCHANGE Change Addit Addit Change Addit Addit Addit Change Addit Addit Addit Change Addit Addit Addit Addit Addit Change Addit Add		9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New Regis	tered /	.gent			
COCONUT GROVE FL 33133 84	GEI	NOVESE, BEAU		81	1 1	Name							
### City ### Last 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 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, agent, agent, agent, agent, 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,				82	2	Street Address	s (P	O, Box Number is Not Acceptable					
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hysied or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinsisting) DATE 12.		001701 01012 12 00100		63	3								
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, Soction 607.0505, Florida Statutes. SIGNATURE Signature, typied or printed nemie of registered agent and little if applicable.				84	1	City			FL	85	Zip C	Code	
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6.4 CITY-S1-ZIP

14. I 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

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

4.1 TITLE 4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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Block 12 of Block 13 monanged, or on an attachment with an address

4/10/98

305.904-0044

Change

Change

Addition

■ Addition

Addition

FILED

Apr 15 1998 8:00am

Secretary of State