

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 # P94000072869 (8)

1. Corporation Name
CHAIRS & FURNITURE, ETC., INC.



Principal Place of Business		Mailing Address		3. Date Incorporated or Qualified 10/04/1994	3a. Date of Last Report 07/14/1995
1190 STIRLING RD. B1 DANIA FL 33004		1190 STIRLING RD. B1 DANIA FL 33004		4. FEI Number 65-0528340	Applied For Not Applicable
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
22 City & State	27 City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Zip	28 Zip				
24 Country	29 Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		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 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: _____ (NOTE: Registered Agent's signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAPPARELLI, FRANK	1.2 NAME	
STREET ADDRESS	1190 STIRLING RD., B1	1.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIAL, JUDITH L	2.2 NAME	
STREET ADDRESS	1190 STIRLING RD., B1	2.3 STREET ADDRESS	
CITY-ST-ZIP	DANIA FL 33004	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 a address.

SIGNATURE: Judith L. Fial **JUDITH L. FIAL** 1-86-96 305-921-4448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)