

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

FILED

Apr 30 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000091544 (4)**

1. Corporation Name  
**CONTRACT FURNITURE IDEAS, INC.**

Principal Place of Business <b>4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146</b>	Mailing Address <b>4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146-2113</b>
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3. Date Incorporated or Qualified <b>12/13/1994</b>		3a. Date of Last Report <b>05/01/1996</b>	
2. Principal Place of Business 21 <b>5600 NW 32nd Ave</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>5600 NW 32nd Ave</b> Suite, Apt. #, etc.	
22 City & State <b>Miami FL</b>		27 City & State <b>Miami FL</b>	
23 Zip <b>33142</b>	25 Country	29 Zip <b>33142</b>	30 Country
4. FEI Number <b>58-2160402</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>STINSON, LOUIS JR 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL 33146</b>		10. Name and Address of New Registered Agent 81 Name <b>Speigner P.A.</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5600 NW 32nd Ave</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33142</b>	
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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: *P.A. Speigner* DATE: **4-24-97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S STINSON, LOUIS JR 4675 PONCE DE LEON BLVD SUITE 305 CORAL GABLES FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPAS SPEIGNER, PA 4675 PONCE DELEON BLVD 605 CORAL GABLES FL</b> <input checked="" type="checkbox"/> DELETE <i>OK Change</i>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>DPAS Speigner P.A. 5600 NW 32nd Ave Miami FL 33142</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *P.A. Speigner* DATE: **4-24-97** DAYTIME PHONE: **305-365-1940**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)