

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

FILED
May 23 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 # P95000033181 (5)

1. Corporation Name
ANNABELLE'S FINE HOME FURNISHINGS, INC.



Principal Place of Business: **8722 N MOBLEY RD ODESSA FL 33556 US**

Mailing Address: **8722 N MOBLEY RD ODESSA FL 33556-2509 US**

3. Date Incorporated or Qualified: **04/27/1995**

3a. Date of Last Report: **04/23/1996**

4. FEI Number: **59-3310464**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-headers for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent

JOHNS, JACK E
8718 NORTH MOBLEY ROAD
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name: **Annabelle A. Johns**

82 Street Address (P.O. Box Number is Not Acceptable): **8718 N Mobley Rd.**

83

84 City: **Odessa** FL 85 Zip Code: **33556**

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: *A. Johns* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNS, ANNABELLE A	
STREET ADDRESS	% 8718 NORTH MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JOHNS, JACK E	
STREET ADDRESS	% 8718 NORTH MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNS, ANDREW D	
STREET ADDRESS	% 8718 NORTH MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MEISTER, HENRY	
STREET ADDRESS	% 8718 NORTH MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNS, JEFFREY E	
STREET ADDRESS	% 8718 NORTH MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNS, TIMOTHY A	
STREET ADDRESS	% 8718 NORTH MOBLEY ROAD	
CITY-ST-ZIP	ODESSA FL 33556	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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 as an attachment with an address.

SIGNATURE: *A. Johns* DATE: **4/30/97** Daytime Phone #:

CFR2E034 (9/96)