

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
 Aug 26 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000033261 (4)
 1. Corporation Name
 DETAILS HOME FURNISHING, INC.



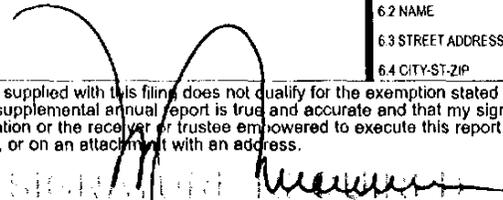
Principal Place of Business: 3320 N. FEDERAL HWY. BOCA RATON FL 33431
 Mailing Address: 3320 N. FEDERAL HWY. BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	SAME	26	SAME	04/15/1996	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	Applied For
22		27		65-0671752	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input checked="" type="checkbox"/> X	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24		29	PALM BEACH	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BARDFELD, J.D. SKIP ESQ. 88 NE 100TH STREET NORTH MIAMI BEACH FL 33162				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		MADE BRENNER - PRESIDENT		7/29/98	
Signature typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)		DATE	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, MARK	1.2 NAME	
STREET ADDRESS	9300 LAKE SERENA DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENNER, SHERI	2.2 NAME	
STREET ADDRESS	9300 LAKE SERENA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33496	2.4 CITY-ST-ZIP	
TITLE		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		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		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		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 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:  7/29/98 561-395-0900

CR2E034 (5/98)