

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

FILED

Aug 28 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 # P96000061281 (7)

1. Corporation Name
AABACUS FURNITURE CENTERS, INC.



Principal Place of Business 5320 NW 55TH BLVD. SUITE 305 COCONUT CREEK FL 33073-3786	Mailing Address 5320 NW 55TH BLVD. SUITE 305 COCONUT CREEK FL 33073-3786
--	--

3. Date Incorporated or Qualified 07/22/1996	3a. Date of Last Report This is 1st report
--	--

2. Principal Place of Business 7710 Wiles Rd	2a. Mailing Address Same
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. City & State Coral Springs FL	28. City & State
24. Zip 33067	29. Zip
25. Country USA	30. Country

4. FEI Number 65-0687288	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BECK, JOEL S 5320 NW 55TH BLVD. SUITE 305 COCONUT CREEK FL 33073-3786	
---	--

10. Name and Address of New Registered Agent	
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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	President <input checked="" type="checkbox"/> DELETE
NAME	Sharon Beck
STREET ADDRESS	16528 108 Terr N
CITY-ST-ZIP	Jupiter FL 33478
TITLE	<input type="checkbox"/> DELETE
NAME	Joel Beck
STREET ADDRESS	5320 NW 55th Blvd #305
CITY-ST-ZIP	Coconut Creek FL 33073
TITLE	<input type="checkbox"/> DELETE
NAME	General Manager
STREET ADDRESS	Gerald Beck
CITY-ST-ZIP	16528 108 Terr North Jupiter FL 33478
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: **Joel Beck** **1-1-P** **8-4-97** **954-255-1062**

CR2E034 (9/96)