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

PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000074812 (4)

PARIS FURNISHINGS, INC.

Principal Place of Business

6824 NW 4 ST

MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

Not Applied For

2. Principal Place of Business	2a. Mailing Address	4, FEI Number	Applied For			
1	26	65-07 18839	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desir	red S8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financ Trust Fund Contribution	cing \$5.00 May Be Added to Fees			
Zip Country	Z ₁ p Co	ntry 8. This corporation owes or Personal Property Tax du	has paid the current year Intangible e June 30. Yes No			
g, Name and Address of C	urrent Registered Agent	10. Name and Address of N	ew Registered Agent			
PIKE, WILLIAM B		81 Name				
6624 NW 4 ST Margate Fl 33063			at Address (P.O. Box Number is Not Acceptable)			
		83				
		84 City	85 Zip Code			

11. Pursuant to the provisions of Soctions 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	Signature, typod or printed name of registered agent and title il application	(NOTE R	legistered Agent signature	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICER	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	1.1 TITLE		☐ Change	Addition
NAME	PIKE, WILLIAM B		1.2 NAME			
STREET ADDRESS	6624 NW 4 ST		1.3 STREET ADDRESS			
CITY - ST - ZIP	MARGATE FL 33063	1	1.4 CITY-ST-ZIP			
TITLE	VSD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	HARRIS, SAM S		22 NAME			
STREET ADDRESS	4458 MCINTOCH PARK DR, APT 1305		2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34232		2. 4 CITY-ST-ZIP			
TITLE		DELETE	3.1 TITLE		Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
City-St-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE	L	DELETE	5.1 TITLE		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
I						

14. Thereby 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: .

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914.968.9989

FILED

Apr 01 1998 8:00am

Secretary of State