


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 SEP 10 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000085697 (6)**

1. Corporation Name

ARCHITECTURAL FURNITURE, INC.



Principal Place of Business 2217 W. OKALOOSA AVENUE TAMPA FL 33604	Mailing Address 2217 W. OKALOOSA AVENUE TAMPA FL 33604
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/1996	3a. Date of Last Report
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	30	4. FEI Number 59-3406029	Applied For Not Applicable
22 City & State	28	29 City & State	31	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25	29 Zip	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	25	29 Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLE, KIMBERLEY W 7805 ABBEY LANE STE C TEMPLE TERRACE FL 33617		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85		86 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

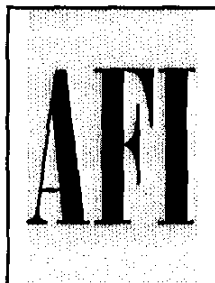
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRAND, JOHN L III	1.2 NAME	100002292321-2
STREET ADDRESS	14 CAMBRIDGE DRIVE	1.3 STREET ADDRESS	-09/12/97-01132-013
CITY-ST-ZIP	WOODBURY NJ 08098	1.4 CITY-ST-ZIP	***165.00 ***165.00
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARZANA, ROMAN L	2.2 NAME	
STREET ADDRESS	2217 W. OKALOOSA AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33604	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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.

9/12/97 10/12/97 53220845

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pg. 2 of 2



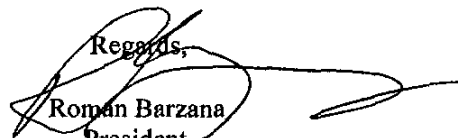
Architectural Furniture Inc.
9248 Lazy Lane
Tampa, FL 33614
Tel. 813/932-0949
Fax. 813/931-3903

Division of corporations
Annual Reports Section
Tallahassee, FL

09/03/97

Gentlemen, I am filing the 1997 Profit Corporation Annual Report at this time due to some confusion on our behalf. I must however say that we never received a first notice but did receive a second notice to file. This document as I understand was to go directly to our registered agent Kimberly Cole CPA for processing but she claims she did not receive a first notice either; please understand that we did not start this Corporation until late 1996 and my personal lack of familiarity may have caused this confusion, for such reasons I would respectfully ask that you review our case and allow us to pay the \$165.00 filing fee and if you decide that we are completely at fault we will remit the difference at your request. I remain at your service.

Regards,


Roman Barzana
President

Architectural Furniture Inc.