

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

FILED
Jan 26, 1999 8:00 am
Secretary of State

01-26-1999 90043 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000093547

1. Corporation Name
CARL'S FURNITURE OF NORTH DADE, INC.

Principal Place of Business
6650 N. FEDERAL HIGHWAY
BOCA RATON FL 33487

Mailing Address
6650 N. FEDERAL HIGHWAY
BOCA RATON FL 33487



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1996

4. FEI Number
65-0702633

Applied For
 Not Applicable

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip Country
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip Country
29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNEDY, BENJAMIN S ESQ
399 W. PALMETTO PARK ROAD
SUITE 106
BOCA RATON FL 33432

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE BAKER, MYRON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6650 N. FEDERAL HIGHWAY	1.2 NAME	
STREET ADDRESS	BOCA RATON FL 33487	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE DRAGIN, ROBERT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6650 N. FEDERAL HIGHWAY	2.2 NAME	
STREET ADDRESS	BOCA RATON FL 33487	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE BAKER, JEFF	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6650 N. FEDERAL HIGHWAY	3.2 NAME	
STREET ADDRESS	BOCA RATON FL 33487	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE FRIEDMAN, FRED	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6650 N. FEDERAL HIGHWAY	4.2 NAME	
STREET ADDRESS	BOCA RATON FL 33487	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 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 10, 1999 561-994-8111
Date Daytime Phone #

CR2E034 (1/1998)