(2/98)

CR2E034

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).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthem

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT# P97000043608 (3)

TODAY'S FURNITURE, INC.

Principal Place of Business

4890 NORTH STATE ROAD 7

Mailing Address

4890 NORTH STATE ROAD 7

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SECRETARY OF STATE JALLAHASSEE, FLORIDA



TAMARAC FL 33319 TAMARAC FL 33319 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/12/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 075 21 26 Not Applicable \$8.75 Additional Fee Required tot: #. etc. Suite, Apt. #, etc. Certificate of Status Desired 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZMICH, JOHN 4890 NORTH STATE ROAD 7 Street Address (P.O. Box Number is Not Acceptable) TAMARAC FL 33319 83 84 City 85 Zip Code 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition 70000267 -10/2<u>8/9</u>8 1297--01047--020 ZMICH, JOHN NAME 1.2 NAME 4890 NORTH STATE ROAD 7 STREET ADDRESS 1.3 STREET ADDRESS ****550.00 ****550.00 TAMARAC FL 33319 CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE DELETE TITLE PARTISKY, GLADYS 2.2 NAME NAME 4890 NORTH STATE ROAD 7 2.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33319 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE __ DELETE Change Addition 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 5.1 TITLE Change DELETE Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5,4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE TITLE DELETE 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:

954-4855120