

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S97005** (0)
1. Corporation Name
ALLAPATAH NEW AND USED FURNITURE, INC.



Principal Place of Business: **1736 N.W. 36 ST. MIAMI FL 33142**
Mailing Address: **1736 N.W. 36 ST. MIAMI FL 33142**

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. State, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25 Country: 29

3. Date Incorporated or Qualified: **11/27/1991**
3a. Date of Last Report: **04/24/1995**
4. FEI Number: **59-2702090**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**MILAN, LUZ
1736 NW 36 ST.
MIAMI FL 33142**

10. Name and Address of New Registered Agent
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 607.0602 and 607.1506, 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Print Name of person who signed this report) (Print Name of Agent signing as registered agent)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP	TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	PSTD	MILAN, LUZ	1736 N.W. 36 ST. MIAMI FL	<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			
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				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>				<input type="checkbox"/>			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY, ST, ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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: *[Signature]* **MILAN LUZ** 2-14-96 634-7171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Month/Year

CR2E034 (12/95)