

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 433152 (6)

1. Corporation Name  
**OFFICE FURNITURE & DESIGN CENTER, INC.**



Principal Place of Business: 2323 CLEVELAND AVENUE FT. MYERS FL 33901  
Mailing Address: 2323 CLEVELAND AVENUE FT. MYERS FL 33901

3. Date Incorporated or Qualified: 08/06/1973  
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business: Same	2a. Mailing Address: Same	4. FEI Number: 59-1497093	Applied For: Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BLACK, DAVID W.  
1323 VESPER DRIVE  
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: *David W. Black* (NOTE: Registered Agent signature required when reinstating) DATE: 4-26-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	WILLIS, JOHN K. 1416 SANDRA DRIVE FT. MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: STD	BLACK, DAVID W. 1323 VESPER DRIVE FT. MYERS FL	1.2 NAME	
TITLE: VD	RAAK, SANDRA KAYE <del>1700 ARDMORE RD</del> 4340 Jami Court FT. MYERS FL 33901	1.3 STREET ADDRESS	
TITLE:		1.4 CITY - ST - ZIP	
TITLE:		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		2.2 NAME	
TITLE:		2.3 STREET ADDRESS	
TITLE:		2.4 CITY - ST - ZIP	
TITLE:		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		3.2 NAME	
TITLE:		3.3 STREET ADDRESS	
TITLE:		3.4 CITY - ST - ZIP	
TITLE:		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		4.2 NAME	
TITLE:		4.3 STREET ADDRESS	
TITLE:		4.4 CITY - ST - ZIP	
TITLE:		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		5.2 NAME	
TITLE:		5.3 STREET ADDRESS	
TITLE:		5.4 CITY - ST - ZIP	
TITLE:		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:		6.2 NAME	
TITLE:		6.3 STREET ADDRESS	
TITLE:		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; 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: *David W. Black* DATE: 4-26-96 DAYTIME PHONE #: 441-337-1212

CR2E034 (12/95)