

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

FILED

**May 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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 33901-3541**

2. Principal Place of Business

21 **Same**
Suite, Apt. #, etc.

22 City & State

23

24 Zip 25 Country

2. Mailing Address

26 **Same**
Suite, Apt. #, etc.

27 City & State

28

29 Zip 30 Country

3. Date Incorporated or Qualified
08/06/1973

3a. Date of Last Report
05/01/1996

4. FEI Number
59-1497093

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes 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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

[Handwritten Signature]

4-28-97

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

(NOTE: Registered Agent's signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
NAME **PD WILLIS, JOHN K.**
STREET ADDRESS **1416 SANDRA DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE DELETE
NAME **STD BLACK, DAVID W.**
STREET ADDRESS **1323 VESPER DRIVE**
CITY-ST-ZIP **FT. MYERS FL**

TITLE DELETE
NAME ~~**RAK, SANDRA KAYE**~~ **Del Bianco, Sharon**
STREET ADDRESS ~~**4940 JAMI COURT**~~ **1801 Brantley Road**
CITY-ST-ZIP ~~**FT. MYERS FL**~~ **#416 Fort Myers, FL**

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: *[Handwritten Signature]*

4/28/97 941-339-1212

CR2E034 (9/96)