

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P94000016066 (0)

1. Corporation Name

OFFICE FURNITURE LIQUIDATORS, INC.



Principal Place of Business

6327 EDGEWATER DR.
ORLANDO FL 32810

Mailing Address

6327 EDGEWATER DR.
ORLANDO FL 32810

3. Date Incorporated or Qualified
02/28/1994

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

21 130 E. ALTAMONTE DR.

2a. Mailing Address

26 130 E. ALTAMONTE DR.

4. FEI Number
59-3227941

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State

23 ALTAMONTE SPRINGS

City & State

28 ALTAMONTE SPRINGS

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip

24 32701

Country

25 SEMINOLE

Zip

29 32701

Country

30 SEMINOLE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name PETER FATIZZI SR.
82 Street Address (P.O. Box Number is Not Acceptable)
130 E. ALTAMONTE DRIVE
83
84 City ALTAMONTE SPRINGS FL 85 Zip Code 32701

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: PETER FATIZZI SR., PRESIDENT

Peter Fatizzi Sr. 04-29-96

12. OFFICERS AND DIRECTORS

TITLE	PV	<input checked="" type="checkbox"/> DELETE
NAME	SHADER, STANLEY J	
STREET ADDRESS	6327 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SHADER, RONALD J	
STREET ADDRESS	6327 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PETER FATIZZI SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PRESIDENT	
1.3 STREET ADDRESS	130 E. ALTAMONTE DR.	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PETER FATIZZI SR.	
2.3 STREET ADDRESS	130 E. ALTAMONTE DR.	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

Peter Fatizzi Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-96 407-3327722

Date

Daytime Phone #

CR2E034 (12/95)