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May 02 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 # P94000016066 (0)

1. Corporation Name
OFFICE FURNITURE LIQUIDATORS, INC.



Principal Place of Business: 130 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701 US

Mailing Address: 130 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701-4324 US

3. Date Incorporated or Qualified: 02/28/1994

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

2. Principal Place of Business: 1028 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701 USA

2a. Mailing Address: 1028 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701 USA

4. FEI Number: 59-3227841

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: FATIZZI, PETER SR. 130 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent: FATIZZI, PETER SR. (SAME) 1028 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL 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. Pres.*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	FATIZZI, PETER SR. 130 E. ALTAMONTE DR. ALTAMONTE SPRINGS FL	1.1 TITLE	
NAME: P		1.2 NAME	
STREET ADDRESS: P		1.3 STREET ADDRESS	
CITY-ST-ZIP: P		1.4 CITY-ST-ZIP	
TITLE: S	FATIZZI, PETER SR. 130 S. ALTAMONTE DR. ALTAMONTE SPRINGS FL	2.1 TITLE	
NAME: S		2.2 NAME	
STREET ADDRESS: S		2.3 STREET ADDRESS	
CITY-ST-ZIP: S		2.4 CITY-ST-ZIP	
TITLE:		3.1 TITLE	
NAME:		3.2 NAME	
STREET ADDRESS:		3.3 STREET ADDRESS	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP	
TITLE:		4.1 TITLE	
NAME:		4.2 NAME	
STREET ADDRESS:		4.3 STREET ADDRESS	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP	
TITLE:		5.1 TITLE	
NAME:		5.2 NAME	
STREET ADDRESS:		5.3 STREET ADDRESS	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP	
TITLE:		6.1 TITLE	
NAME:		6.2 NAME	
STREET ADDRESS:		6.3 STREET ADDRESS	
CITY-ST-ZIP:		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: *Peter Fatizzi Sr.* Date: 04-25-97 407 352-7722

CR2E034 (9/96)