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 # **P94000024711 (1)**

1. Corporate Name

SYSTEMS FURNITURE SERVICES, INC.

Principal Place of Business

3880 SW 149TH TER
MIRAMAR FL 33027

Mailing Address

3880 SW 149TH TER
MIRAMAR FL 33027

3. Date Incorporated or Qualified: **03/31/1994**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0481425** ☐ 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

2. Principal Place of Business
21
22 State, Apt. #, or Suite
23 City, & State
24 Zip 25 Country

2a. Mailing Address
26
27 State, Apt. #, or Suite
28 City, & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

DEMBY, CHRIS G
3880 SW 149TH TER
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 or 617.1905, 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. The corporation agrees to notify 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 or 617.1905, Florida Statutes.

Signature

12. OFFICERS AND DIRECTORS

DP
DEMBY, CHRIS
3880 SW 149TH TER
MIRAMAR FL 33027

V
STANDA-DEMBY, TAMI
3880 SW 149TH TER
MIRAMAR FL 33027

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

14. I (We) hereby certify that the information supplied with this filing complies with the applicable laws of Florida and that this document does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: *Chris Demby* 1-17-96 305/324-1168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

Chris Demby

CR2E034 (12/95)