FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:54

DOCUMENT # **706370** **(4)**

1. Corporation Name
FLORIDA FURNITURE DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
305 W. HIGH ST. SPACE 400 P.O. BOX 2396 HIGH POINT NC 27261	305 W. HIGH ST. SPACE 400 P.O. BOX 2396 HIGH POINT NC 27261

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1963
3a. Date of Last Report: 03/11/1994
4. FEI Number: 23-7000294 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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

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

9. Name and Address of Current Registered Agent

BAER, JEROME
5044 N.W. 89TH WAY
CAPE CORAL FL 33067

10. Name and Address of New Registered Agent

31 Name: HAYNES, DAVID
32 Street Address (P.O. Box Number is Not Acceptable): 387 S.YONGE ST.
33
34 City: ORMOND BEACH **FL** 35 Zip Code: 32174

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: [signature] PD — 3-28-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD	1.1 TITLE	DD ☐ Change ☐ Addition
NAME	HERSHAL, MICHAEL	1.2 NAME	HERSHAL, MICHAEL
STREET ADDRESS	304 W. HIGH ST. SP.-400	1.3 STREET ADDRESS	304 W. HIGH ST. SP-400
CITY-ST-ZIP	HIGH POINT NC 27260-4950	1.4 CITY-ST-ZIP	HIGH POINT NC 27260-4950
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	BAER, JEROME	2.2 NAME	HAYNES, DAVID
STREET ADDRESS	5044 N.W. 89TH WAY	2.3 STREET ADDRESS	387 S. YONGE ST.
CITY-ST-ZIP	CORAL SPRINGS FL 33067	2.4 CITY-ST-ZIP	ORMOND BEACH FL 32174
TITLE	VD	3.1 TITLE	VD ☐ Change ☐ Addition
NAME	HAYNES, DAVID	3.2 NAME	CAPO, PEDRO
STREET ADDRESS	387 S. YONGE ST.	3.3 STREET ADDRESS	1260 N.W. 72nd AVE
CITY-ST-ZIP	ORMOND BEACH FL 32174	3.4 CITY-ST-ZIP	MIAMI FL 33126
TITLE	TD	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	D'ALESSANDRO, FRAN	4.2 NAME	D'ALESSANDRO, FRAN
STREET ADDRESS	1415 COLONIAL BLVD.	4.3 STREET ADDRESS	1415 COLONIAL BLVD
CITY-ST-ZIP	FT. MYERS FL 33907	4.4 CITY-ST-ZIP	FORT MYERS FL 33907
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	HILL, DORIS	5.2 NAME	
STREET ADDRESS	15485 S. TAMIAMI TRAIL	5.3 STREET ADDRESS	NOT APPLICABLE
CITY-ST-ZIP	FT MYERS FL 33908	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	VP ☐ Change ☐ Addition
NAME	BLACKWELL, ROBERT	6.2 NAME	NOWICKI, STEVE
STREET ADDRESS	4240 S. FLORIDA AVE.	6.3 STREET ADDRESS	6244CLARK CTR AVE
CITY-ST-ZIP	LAKELAND FL 33813	6.4 CITY-ST-ZIP	SARASOTA FL 34238

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 2-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

DAVID HAYNES - PRESIDENT

0073446