

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 840359 (4)**

1. Corporation Name

**NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.**

Principal Place of Business

Mailing Address

1776 NORTH PINE ISLAND ROAD, STE. 102  
PLANTATION FL 33322-5233

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PLANTATION FL 33322-5233

APPROVED  
AND  
FILED

95 FEB -6 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA 32304-1100  
1000014904511  
-02/09/95-01039-026  
\*\*\*130.00 \*\*\*130.00  
DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>04/05/1978</b>	3a. Date of Last Report <b>01/21/1994</b>
4. FEI Number <b>36-2322620</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**BERNARD F. WHALEN**  
1776 NORTH PINE ISLAND ROAD, STE. 102  
PLANTATION FL 33322-5233

**10. Name and Address of New Registered Agent**

81 Name <b>KLEIN MERRIMAN</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1776 NORTH PINE ISLAND ROAD STE 102</b>
83 <b>PLANTATION, FL 33322</b>
84 City <b>FL</b>
85 Zip Code <b>33322</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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]* (NOTE: Registered Agent signature required when reconstituting) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	HEIDFELD, REINHARD J 2300 MAGNOLIA RD. RICHMOND VA 23260	1.1 TITLE <b>PD</b>	KEEN, THOMAS R. 2300 SEVENTH AVE. SOUTH BIRMINGHAM, AL 35233 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>VD</b>	KEEN, THOMAS R 2300 SEVENTH AVE. S. BIRMINGTON AL 35233	2.1 TITLE <b>VP</b>	SCHLEGEL, JOHN 3620 SYMMES ROAD CINCINNATI, OHIO 45246 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>S</b>	WHALEN, BERNARD F 1776 NORTH PINE ISLAND RD., STE. 102 PLANTATION FL 33322-5233	3.1 TITLE <b>S</b>	MERRIMAN, KLEIN 1776 NORTH PINE ISLAND RD. STE 102 PLANTATION, FL 33322 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>TD</b>	BOBIS, ARTHUR H 1400 N. 25TH AVENUE MELROSE PARK IL 60180	4.1 TITLE <b>TD</b>	VAN HORN, DUANE 1016 RUSHWOOD COURT LEXINGTON, KY 40511 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b>	RUSSELL, B H MR. RT. 3, INDIAN MOUND RD. NORWOOD NC 28128	5.1 TITLE <b>D</b>	TOOMEY, KENT E. 1401 HWY 49B, P.O. BOX 970N/A PARAGOULD, AR 72451 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report, or on an attachment with an address.

SIGNATURE: *[Signature]* 1/19/95 305-424-1443  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Type)