

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 840359 (4)
1. Corporation Name
NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.



Principal Place of Business: **1776 NORTH PINE ISLAND ROAD, STE. 102 PLANTATION IL 33322-5233**
Mailing Address: **1776 NORTH PINE ISLAND ROAD, STE. 102 PLANTATION IL 33322-5233**

3. Date Incorporated or Qualified: **04/05/1978**
3a. Date of Last Report: **02/06/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		36-2322620		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	Country
24	Zip	25	Country	29	Zip	30	Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MERRIMAN, KLEIN 1776 NORTH PINE ISLAND ROAD, STE. 102 PLANTATION FL 33322-5233				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	D KRONOUR, Randall J.			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEEN, THOMAS R		1.2 NAME	2601 W. Dorothy Lane			
STREET ADDRESS	2300 SEVENTH AVE. SOUTH		1.3 STREET ADDRESS	Dayton, OH 45439			
CITY-ST-ZIP	BIRMINGHAM AL 35233		1.4 CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHLEGEL, JOHN		2.2 NAME				
STREET ADDRESS	3620 SYMMES ROAD		2.3 STREET ADDRESS				
CITY-ST-ZIP	CINCINNATI OH 45246		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRIMAN, KLEIN		3.2 NAME				
STREET ADDRESS	1776 NORTH PINE ISLAND RD., STE. 102		3.3 STREET ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33322-5233		3.4 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HORN, DUANE		4.2 NAME				
STREET ADDRESS	1016 RUSHWOOD COURT		4.3 STREET ADDRESS	0000001 700249			
CITY-ST-ZIP	LEXINGTON KY 40511		4.4 CITY-ST-ZIP	-03/28/95--01010-018			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOOMEY, KENT E		5.2 NAME				
STREET ADDRESS	1401 HWY 49B, P.O. BOX 970 N/A		5.3 STREET ADDRESS				
CITY-ST-ZIP	PARAGOULD AR 72451		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Klein Merriman* **Klein Merriman** **2/14/96** **954-424-1443**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

3-27-1996