

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 FL 33322-5233	Mailing Address 1776 NORTH PINE ISLAND ROAD, STE. 102 PLANTATION FL 33322-5200
--	--

2. Principal Place of Business 21 3595 SHERIDAN ST. Suite, Apt #, etc. 22 #200 City & State 23 HOLLYWOOD, FL Zip 24 33021 Country 25 BROWARD	2a. Mailing Address 26 3595 SHERIDAN ST. Suite, Apt #, etc. 27 #200 City & State 28 HOLLYWOOD, FL Zip 29 33021 Country 30 BROWARD	3. Date Incorporated or Qualified 04/05/1978	3a. Date of Last Report 03/27/1996	4. FEI Number 36-2322620	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

MERRIMAN, KLEIN
~~1776 NORTH PINE ISLAND ROAD, STE. 102
PLANTATION FL 33322-5233~~
**3595 SHERIDAN ST. #200
HOLLYWOOD, FL 33021**

10. Name and Address of New Registered Agent

81 Name MERRIMAN, KLEIN
82 Street Address (P.O. Box Number is Not Acceptable) 3595 SHERIDAN ST. #200
83 City HOLLYWOOD
84 City HOLLYWOOD
85 Zip Code FL 33021

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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME KEEN, THOMAS R	
STREET ADDRESS 2300 SEVENTH AVE. SOUTH	
CITY-ST-ZIP BIRMINGHAM AL 35233	
TITLE VP	<input type="checkbox"/> DELETE
NAME SCHLEGEL, JOHN	
STREET ADDRESS 3620 SYMMES ROAD	
CITY-ST-ZIP CINCINNATI OH 45246	
TITLE S	<input type="checkbox"/> DELETE
NAME MERRIMAN, KLEIN	
STREET ADDRESS 1776 NORTH PINE ISLAND RD., STE. 102	
CITY-ST-ZIP PLANTATION FL 33322-5233	
TITLE TD	<input type="checkbox"/> DELETE
NAME VAN HORN, DUANE	
STREET ADDRESS 1016 RUSHWOOD COURT	
CITY-ST-ZIP LEXINGTON KY 40511	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME KRONOUR, RANDALL J	
STREET ADDRESS 2601 W. DOROTHY LANE	
CITY-ST-ZIP DAYTON OH 45439	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME KEEN, THOMAS R	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME SCHLEGEL, JOHN	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE JICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME VAN HORN, DUANE	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME VATES, MARGARET L	
5.3 STREET ADDRESS 609 N. LEVEE RD.	
5.4 CITY-ST-ZIP PUYALLUP WA 98371	
6.1 TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME ASHINGER, WILLIAM T.	
6.3 STREET ADDRESS 528 DALE ST.	
6.4 CITY-ST-ZIP HUTCHINSON, MN 55350	

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

SIGNATURE: *Klein Merriman* **Klein Merriman** Date: **2/3/97** Daytime Phone # **954-893-7300**

CR2E037 (9/96)