

FILE NOW: FILING FEE IS \$61.25

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**Apr 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 840359 (4)

1. Corporation Name
NATIONAL ASSOCIATION OF STORE FIXTURE MANUFACTURERS, INC.



Principal Place of Business		Mailing Address	
3595 SHERIDAN STREET #200 HOLLYWOOD FL 33021 US		3595 SHERIDAN STREET #200 HOLLYWOOD FL 33021 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State	23. Zip	28. Country
24. Zip	25. Country	29. Zip	30. Country

3. Date Incorporated or Qualified
04/05/1978

4. FEI Number
36-2322620

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**MERRIMAN, KLEIN
3595 SHERIDAN ST.
#200
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

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: *[Signature]* **KLEIN MERRIMAN** DATE: **4/14/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEEN, THOMAS R.	1.2 NAME	Martin R. Bernheim
STREET ADDRESS	2300 SEVENTH AVE. SOUTH	1.3 STREET ADDRESS	1371 SW Eighth St #4
CITY-ST-ZIP	BIRMINGHAM AL	1.4 CITY-ST-ZIP	Pompano Beach, FL 33069
TITLE	P <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	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	VP <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	
CITY-ST-ZIP	LEXINGTON KY	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, MARGARET L.	5.2 NAME	
STREET ADDRESS	609 N. LEVEE RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POYALLUP WA	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHINGER, WILLIAM T.	6.2 NAME	Ed Hare III
STREET ADDRESS	528 DALE STREET	6.3 STREET ADDRESS	2910 Scaboard Lane
CITY-ST-ZIP	HUTCHINSON MN	6.4 CITY-ST-ZIP	Long Beach, CA 90805

14. I 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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Klein MERRIMAN** DATE: **4/14/98** TELEPHONE: **954-893-7300**

CP2E037 (10/97)