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**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90021 012 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 840359

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

Principal Place of Business: 3595 SHERIDAN STREET #200 HOLLYWOOD FL 33021 US  
 Mailing Address: 3595 SHERIDAN STREET #200 HOLLYWOOD FL 33021 US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	04/05/1978
22	City & State	City & State	4. FEI Number
	Zip	Country	36-2322620
23	Country	Country	5. Certificate of Status Desired
	Zip	Country	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Country	Country	6. Election Campaign Financing
	Zip	Country	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MERRIMAN, KLEIN 3595 SHERIDAN ST. #200 HOLLYWOOD FL 33021		81	Name	
		82	Street Address (P.O. Box Number is Not Acceptable)	
		83		
		84	City	
		FL	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNHEIM, MARTIN	1.2 NAME	
STREET ADDRESS	1371 SW EIGHTH ST #4	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHLEGEL, JOHN	2.2 NAME	Richard Ernest
STREET ADDRESS	3620 SYMMES ROAD	2.3 STREET ADDRESS	765 B. Route 83
CITY-ST-ZIP	CINCINNATI OH	2.4 CITY-ST-ZIP	Elmhurst, IL 60126
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	President <input checked="" 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 type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARE III, ED	6.2 NAME	
STREET ADDRESS	2910 SCABOARD LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG BEACH CA 90805	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Klein Merriman* DATE: 1/12/98 DAYTIME PHONE #: 954-893-7200

CR2E037 (1/198)