

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F22945** (2)

1. Corporation Name

**ATLANTIC DATAFURNITURE PRODUCTS, INC.**



Principal Place of Business

**4507 W ALVA AVE  
PO BOX 151777  
TAMPA FL 33684**

Mailing Address

**4507 W ALVA AVE  
PO BOX 151777  
TAMPA FL 33684**

3. Date Incorporated or Qualified  
**03/11/1981**

3a. Date of Last Report  
**04/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**59-2073983**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MESSERMAN, JEROME  
1108 CULBREATH ISLES DR  
TAMPA FL 33609**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition

NAME **D  
MESSERMAN, AUDREY**  
STREET ADDRESS **1108 CULBREATH ISLES DR**  
CITY-ST-ZIP **TAMPA, FL 00000**

2.1 TITLE **DR**  
2.2 NAME **BRUCE MESSERMAN**  
2.3 STREET ADDRESS **14632 VILLAGE GREEN COURT**  
2.4 CITY-ST-ZIP **TAMPA FL 33624**

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **DP  
MESSERMAN, JEROME**  
STREET ADDRESS **1108 CULBREATH ISLES DR**  
CITY-ST-ZIP **TAMPA, FL 00000**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

7.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

8.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

9.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

10.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

11.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

13.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

14.1 TITLE ☐ Change ☐ Addition

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

SIGNATURE: **X** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/96** (813) 874-6989  
Date Daytime Phone #

CR2E034 (12/95)