

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **G72440** (2)

1. Corporation Name  
**DESIGNED FURNITURE ASSOCIATES, INC.**

Principal Place of Business

**1621 N. MILLS AVE.  
ORLANDO FL 32803**

Mailing Address

**1621 N. MILLS AVE.  
ORLANDO FL 32803-1849**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

3. Date Incorporated or Qualified

**11/29/1983**

3a. Date of Last Report

**08/21/1996**

4. FEI Number

**59-2345773**

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

**OGILVIE, CHARLES H., JR.  
590 VIA LUGANO  
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent

**B1** Name

**B2** Street Address (P.O. Box Number is Not Acceptable)

**B3**

**B4** City

**FL**

**B5** 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **EVP** ☐ DELETE  
NAME **DAVIS, TOM**  
STREET ADDRESS **1058 OLD COVENTRY COURT**  
CITY-ST-ZIP **OVIEDO FL**

TITLE **VP** ☒ DELETE  
NAME **ALLISON, PATRICIA**  
STREET ADDRESS **6584 IRVIN COURT**  
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE **D** ☒ DELETE  
NAME **GINN, RONALD B**  
STREET ADDRESS **803 PRINCESTREET**  
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE **P** ☒ DELETE  
NAME **DALY, RICHARD**  
STREET ADDRESS **5290 DUKE ST. #102**  
CITY-ST-ZIP **ALEXANDRIA VA**

TITLE **D** ☒ DELETE  
NAME **MEYER, WILLIAM**  
STREET ADDRESS **2848 EDGEWATER DR.**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

TITLE **CEO/ Pres./Sec./Treas** ☐ DELETE  
NAME **OGILVIE, CHARLES H JR**  
STREET ADDRESS **590 VIA LUGANO**  
CITY-ST-ZIP **WINTER PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 supplement to the 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 respective 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

SIGNATURE OF REGISTERED AGENT

11/29/83 (597)8982/11

CR2E034 (9/96)