FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 FEB 22 AM 10:11

DOCUMENT # J30645 (2)

1. Corporation Name
A-1 OFFICE FURNITURE, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
8012 N.W. 72ND ST., TAMARAC FL 33321	8012 N.W. 72ND ST., TAMARAC FL 33321

3. Date Incorporated or Qualified: 08/25/1986
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 59-2717449 ☐ 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
SCHRAGER, SHELDON 8012 N.W. 72ND ST., TAMARAC FL 33321	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 [illegible] 05, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	SCHRAGER, SHELDON	1.2 NAME	
STREET ADDRESS	8012 N.W. 72ND ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	V.P. ☑ Change ☐ Addition
NAME	SCHRAGER, STACY	2.2 NAME	REDDY, SUSAN
STREET ADDRESS	8012 NW 72ND ST	2.3 STREET ADDRESS	8012 N.W. 72nd St
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	Tamarac, FL. 33321
TITLE	TRES	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHRAGER, STACEY	3.2 NAME	
STREET ADDRESS	8012 NW 72ND ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	SECT. ☐ Change ☑ Addition
NAME	REDDY, SUSAN	4.2 NAME	ROSLYN SCHRAGER
STREET ADDRESS	8012 N.W. 72ND ST.	4.3 STREET ADDRESS	8012 N.W. 72 St.
CITY-ST-ZIP	TAMARAC FL	4.4 CITY-ST-ZIP	Tamarac, FL. 33321
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

SIGNATURE: Sheldon Schrager 2/17/95 305-926-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0220000 CP