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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **J30645** **(2)**

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

Principal Place of Business	Mailing Address
562 SLIPPERY ROCK ROAD FT. LAUDERDALE FL 33327	562 SLIPPERY ROCK ROAD FT. LAUDERDALE FL 33327

3. Date Incorporated or Qualified: 08/25/1986
3a. Date of Last Report: 02/22/1995

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 24 / Country 25	Zip 29 / Country 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

SCHRAGER, SHELDON
8012 N.W. 72ND ST.,
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: Schrager, Sheldon
82 Street Address (P.O. Box Number is Not Acceptable): 562 Slippery Rock Road
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33327

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: Sheldon Schrager 2/28/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCHRAGER, SHELDON ~~8012 N.W. 72ND ST.~~ ~~TAMARAC FL~~ ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P SCHRAGER, SHELDON 562 Slippery Rock Road Ft. Lauderdale FL 33327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP REDDY, SUSAN ~~8012 N.W. 72ND ST~~ ~~TAMARAC FL~~ ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP REDDY, SUSAN 562 Slippery Rock Road Ft. Lauderdale, FL. 33327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES SCHRAGER, STACEY ~~8012 NW 72ND ST~~ ~~TAMARAC FL~~ ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TRES. SCHRAGER, STACEY 562 Slippery Rock Rd Ft. Lauderdale, Fl. 33327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCHRAGER, ROSLYN ~~8012 N.W. 72ND ST.~~ ~~TAMARAC FL~~ ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	S SCHRAGER, ROSLYN 562 Slippery Rock Rd Ft. Lauderdale, Fl. 33327 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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 2/28/96 305-925-1030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #