FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # J60337 (9) CONTEMPORARY FURNITURE AND DESIGN, INC. Principal Place of Business Mailing Address 6108 28TH ST E 6108 28TH ST E **BRADENTON FL 34203 BRADENTON FL 34203** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/05/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Mot Applicable 21 26 59-2770555 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Yes 25 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent R1 Name SALSMANN, PERRY L 4384 RAYFIELD DRIVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34243 83 84 City 85 Zip Code 7.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the agent. I am familiar with, and account the (NOTE: Registered Agent signature ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ DELETE 1.1 TITLE Change Addition TITLE NAME SALZMANN, PERRY 1.2 NAME 4384 RAYFIELD DRIVE STREET ADDRESS 1.3 STREET ADDRESS SARASOTA FL CITY-ST-ZIP 1.4 CITY - ST - ZIP Change TITLE DELETE 2.1 TITLE Addition NAME BYNUM, JAMES R 2.2 NAME STREET ADDRESS 3403 12TH AVENUE, W. 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP Change DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this fifting 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 supplier or all 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 disporation or the receiver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an address:

SIGNATURE:

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NAME

STREET ADDRESS

CITY-ST-ZIP

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