

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K57554**

(3)

1. Corporation Name

ACTION FURNITURE SERVICE, INC.



Principal Place of Business

Mailing Address

% CARLOS A. VIDAL
5446 NW 44 WAY
COCONUT CREEK FL 33073

% CARLOS A. VIDAL
5446 NW 44 WAY
COCONUT CREEK FL 33073

3. Date Incorporated or Qualified 01/11/1989	3a. Date of Last Report 04/18/1995
4. FEI Number 65-0096489	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	

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

9. Name and Address of Current Registered Agent

VIDAL, CARLOS A.
5446 NW 44 WAY
COCONUT CREEK FL 33073

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. City
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 of the person making this statement (Typed Name)

Signature of the person making this statement (Typed Name)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	VIDAL, CARLOS ALBERTO	12 NAME	
STREET ADDRESS	5446 NW 44 WAY	13 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	14 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	CHIMINO, GRACE	22 NAME	
STREET ADDRESS	5446 NW 44 WAY	23 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	24 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 on an attachment with an address.

SIGNATURE: *Grace Chimino* GRACE Chimino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 (54) 427-1927
DATE (Typed Name)

CR2E034 (12/95)