

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # L17486 (6)

1. Corporation Name

NATIONAL STORE FIXTURE & DISPLAY CO.

Principal Place of Business

% JOSEPH L. SCHWARTZ MARTIN BERNHEIM
1371 S.W. 8TH ST. #4
POMPANO BEACH FL 33069

Mailing Address

% JOSEPH L. SCHWARTZ MARTIN BERNHEIM
1371 S.W. 8TH ST. #4
POMPANO BEACH FL 33069

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 26 AM 9:20

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/21/1989

3a. Date of Last Report

05/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0144427

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 interstate 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

SCHWARTZ, JOSEPH L.
4040 SHERIDAN ST.
HOLLYWOOD FL 33021

81 Name

Martin R. Bernheim

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

1371 SW 8th Street #4

83

84 City

Pompano Beach

FL

85 Zip Code

33069

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

Martin R. Bernheim

(NOTE: Registered Agent signature required when reinstating)

6/12/95

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	BERNHEIM, MARTIN R.
STREET ADDRESS	5778 PADDINGTON WAY
CITY - ST - ZIP	BOCA RATON FL
TITLE	VP
NAME	BECKNER, BRIAN C
STREET ADDRESS	3240 NW 106 AVE
CITY - ST - ZIP	SUNRISE FL
TITLE	VP
NAME	MAURO, THOMAS
STREET ADDRESS	2230 TREASURE ISLE DR A85
CITY - ST - ZIP	PALM BCH GRDNS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	VP
3.3 STREET ADDRESS	MAURO, THOMAS
3.4 CITY - ST - ZIP	2424 N. FEDERAL HIGHWAY #108
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	BOYNTON BEACH FL 33435
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(b), 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:

Martin R. Bernheim Pres.

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

6/12/95 (305) 942-4502

(Typed Name & Phone #)

CR2E034 (3/95)