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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000014541 (6)

OFFICE FURNITURE BROKERS, INC.

Mailing Address Principal Place of Business 2887 22ND AVE N 2887 22ND AVE N ST PETERSBURG FL 33713-4205 ST PETERSBURG FL 33713 3. Date Incorporated or Qualified 3a. Date of Last Report 12/29/1992 03/21/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3151725 26 Not Applicable 21 Suite, Apt. #, etc Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П Added to Fees 28 23 Country Zip Country 8. This corporation has liability for intangible tay under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MILLER, LOUISE A 2887 22ND AVE N Street Address (P.O. Box Number is Not Acceptable) 82 ST PETERSBURG FL 33713 83 City Zip Code 85 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 Stgruture, typed or promisinance of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) (96/6)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE HILE MILLER, LOUISE A RZE034 12 NAME NAME 2887 22ND AVE N 1.3 STREET ADDRESS STREET ADDRESS ST PETERSBURG FL 1.4 CITY - ST - ZIP CHTY - \$1 - 70P DELETE Change Addition TIDLE 21 TITLE 2.2 NAME 23 STREET ADDRESS STREET ADDRESS 2 4 City-St-ZiP CITY-S1 DELETE Change Addition 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4, CITY-ST-ZIP CHY-SI 7IP Change Addition DELETE 41 TITLE THE 4 2 NAME NAME STREET ACCORESS 43 STREET ADDRESS 4.4 CITY-ST-ZIP CITY ST-ZIP Addition Change DELETE. 7(1) (5.1 TITLE 5.2 NAME MASA 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Addition 6.1 TITLE THE 6.2 NAME STREET ADDRESS **63 STREET ADDRESS** 64 CITY-ST-ZIP CHY-SI-76 14. If do hereby certify that the information supplied with this filing 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 adverse.