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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:05

DOCUMENT # P93000014491 (3)

1. Corporation Name
BERRY'S BUSINESS FURNITURE, INC.

Principal Place of Business
~~PO DRAWER 1269~~
~~HOMESTEAD FL 33030~~

Mailing Address
896 HOMESTEAD BLVD.
HOMESTEAD FL 33030
US

PLEASE AVOID WRITING IN THIS SPACE

3. Date Re-Organized FOR-PROFIT: 02/17/1993
3a. Date of Last Report: 02/15/1994

2. Principal Place of Business
21 896 Homestead Blvd.
22 Suite, Apt. #, etc.
23 City & State: Homestead, FL
24 Zip: 33030
25 Country: US

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: 65-0397215 — Applied For / Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has taxably for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BERRY, ROGER K.
896 HOMESTEAD BLVD.
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL
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, full or printed name of registered agent and title if corporate — NOTE: Registered Agent signature must be dated after resignation — DATE

12. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	BERRY, ROGER K.
STREET ADDRESS	896 HOMESTEAD BLVD.
CITY-ST-ZIP	HOMESTEAD FL
TITLE	P
NAME	EDENS, GEORGE
STREET ADDRESS	896 HOMESTEAD BLVD.
CITY-ST-ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is substantially identical in substance and quality to the information on file with the Department of State for the current calendar year. I further certify that the information included in this annual report or supplemental annual report is true and correct and that, notwithstanding the fact that this report may be signed by a director or officer of the corporation, I am the president or other officer or director duly authorized to execute this report on behalf of the corporation as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 hereof, or on an attachment with an address.

SIGNATURE: George D. Edens, George D. Edens, Pres. 2/13/95 (305) 246-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0000200 CP