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 # **P94000016066 (0)**

1. Corporation Name
OFFICE FURNITURE LIQUIDATORS, INC.

Principal Place of Business
6327 EDGEWATER DR.
ORLANDO FL 32810

Mailing Address
6327 EDGEWATER DR.
ORLANDO FL 32810

3. Date Incorporated or Qualified: 02/28/1994
3a. Date of Last Report: 04/11/1995

2. Principal Place of Business
21 130 E. ALTAMONTE DR.
22 Suite, Apt. #, etc.
23 City & State: ALTAMONTE SPRINGS
24 Zip: 32701
25 Country: SEMINOLE

2a. Mailing Address
26 130 E. ALTAMONTE DR.
27 Suite, Apt. #, etc.
28 City & State: ALTAMONTE SPRINGS
29 Zip: 32701
30 Country: SEMINOLE

4. FEI Number: 59-3227941 — 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

9. Name and Address of Current Registered Agent
CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: PETER FATIZZI SR.
82 Street Address (P.O. Box Number is Not Acceptable): 130 E. ALTAMONTE DRIVE
83
84 City: ALTAMONTE SPRINGS FL
85 Zip Code: 32701

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: PETER FATIZZI SR. PRESIDENT — 04-29-96
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PV	☒ DELETE
NAME	SHADER, STANLEY J	
STREET ADDRESS	6327 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	ST	☒ DELETE
NAME	SHADER, RONALD J	
STREET ADDRESS	6327 EDGEWATER DR.	
CITY-ST-ZIP	ORLANDO FL 32810	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PETER FATIZZI SR PRESIDENT	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	130 E. ALTAMONTE DR.	
1.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
2.1 TITLE	SECRETARY	☒ Change ☐ Addition
2.2 NAME	PETER FATIZZI SR.	
2.3 STREET ADDRESS	130 E. ALTAMONTE DR.	
2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL. 32701	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
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)(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: 04-29-96 407-332 7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PETER FATIZZI SR. PRESIDENT

CR2E034 (12/95)