FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

APPROVED
AND
FILED
1997 JUL 23 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000016151 (0)**

1. Corporation Name
FURNITURE & MACHINERY TECHNOLOGY SYSTEMS CORPORATION

Principal Place of Business	Mailing Address
P.O. BOX 6285 6292 SARASOTA FL 34278	P.O. BOX 6285 6292 SARASOTA FL 34278-6285

3. Date Incorporated or Qualified: 02/25/1994
3a. Date of Last Report: 09/10/1996

2. Principal Place of Business
21 P.O. BOX 6292
22 Suite, Apt. #, etc.
23 City & State: SARASOTA, FL
24 Zip: 34278 Country: 25

2a. Mailing Address
26 P.O. BOX 6292
27 Suite, Apt. #, etc.
28 City & State: SARASOTA, FL
29 Zip: 34278 Country: 30

4. FEI Number: 65-0474285 ☐ 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
CONKLIN, THOMAS R
1332 W. WAY DR.
SARASOTA FL 34236

10. Name and Address of New Registered Agent
81 Name: ICARD, MERRILL, ET AL. (ATTN: F. THOMAS HOPKINS)
82 Street Address (P.O. Box Number is Not Acceptable): 2033 MAIN STREET, SUITE 600
83
84 City: SARASOTA FL 85 Zip Code: 34237

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 F. THOMAS HOPKINS, TREASURER & AUTHORIZED AGENT 5/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARTMANN, KLAUS D. P. O. BOX 6285 N/A 6292 SARASOTA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P.D.ST. HARTMANN, KLAUS D. P.O. Box 6285 N/A SARASOTA, FL Box 6292 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST CONKLIN, THOMAS R 1332 W. WAY DR. SARASOTA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	**REINSTATEMENT** 7/23/97 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400002251664--1 -07/29/97--01134--001 ****200.00 ****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	06 03 97 07749 010 $550.00 ☐ Change ☐ Addition

CR2E034 (9/96)

14. I 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 added on an attachment with an address.

SIGNATURE — HARTMANN 15 Apr 97 [illegible]