

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000036449 (4)

1. Corporation Name
AFFORDABLE OFFICE FURNITURE, INC.



Principal Place of Business
1243 N. HARBOR CITY BLVD.
STE C
MELBOURNE FL 32935
US

Mailing Address
1243 N. HARBOR CITY BLVD.
STE. C
MELBOURNE FL 32935-7073
US

3. Date Incorporated or Qualified
05/04/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 2475 Jan Dr.
Suite, Apt. #, etc.
22 Unit 29
City & State
23 Melbourne, FL
Zip
24 32940 Country
25 Brevard

2a. Mailing Address
26 P.O. Box 410617
Suite, Apt. #, etc.
27
City & State
28 Melbourne, FL
Zip
29 32941 Country
30 Brevard

4. FEI Number
59-3238351

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

10. Name and Address of New Registered Agent

FRESE, GARY B
930 S HARBOR CITY BLVD
SUITE 605
MELBOURNE FL 32901

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, MARGARET M	1.2 NAME	
STREET ADDRESS	1243 N. HARBOR CITY BLVD.	1.3 STREET ADDRESS	565 Highway A1A
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLCOMB, WARREN	2.2 NAME	
STREET ADDRESS	12432 N. HARBOR CITY BLVD.	2.3 STREET ADDRESS	565 Highway A1A
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	Satellite Beach, FL 32937
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE: _____ Date: 4/28/97 407-255-530

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0103684

CR2E034 (9/96)