

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # B94000042783

1. Corporation Name
Century Store Fixtures(USA), Inc.

APPROVED
AND
FILED
95 MAY -1 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001483028
-05/10/95--01094--010
****208.75 ****208.75

DO NOT WRITE IN THIS SPACE

Principal Place of Business
2929 E. Commercial Blvd.
Fort Lauderdale FL 33308

Mailing Address
Thomas E. Metevier
Suite PH-M
4280 Galt Ocean Dr.
Fort Lauderdale FL 33308

2. Date Incorporated or Qualified
6/8/94

3a. Date of Last Report
N/A

4. FEI Number
65-0497183

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent
Larry J. Behar P.A.
888 SE Third Ave Suite 400
Fort Lauderdale FL 33316

10. Name and Address of New Registered Agent
81 Name
Thomas E. Metevier
82 Street Address (P.O. Box Number is Not Acceptable)
4280 Galt Ocean Dr.
83 Suite PH-M
84 City
Fort Lauderdale FL 85 Zip Code
33308

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 Thomas E. Metevier

Thomas E. Metevier

4/30/95

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
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)(b), 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, as an attachment with an address.

SIGNATURE:

Thomas E. Metevier Thomas E. METEVIER / 30-85

305 566-0374