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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000092410 (7)

1. Corporation Name

AMERICAN FURNITURE MANUFACTURERS, INC.



Principal Place of Business

~~10008 LONGBOAT DRIVE~~
~~COOPER CITY FL 33026~~

Mailing Address

~~10008 LONGBOAT DRIVE~~
~~COOPER CITY FL 33026 4721~~

2. Principal Place of Business

21 16359 Fern Drive

Suite, Apt. #, etc.

22 City & State

23 Sunrise, FL 33326

Zip

Country

24

2a. Mailing Address

26 16359 Fern Drive

Suite, Apt. #, etc.

27 City & State

28 Sunrise, FL 33326

Zip

Country

29

30

3. Date Incorporated or Qualified

12/22/1994

3a. Date of Last Report

10/28/1996

4. FEI Number

65-0548491

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

LAUFER, CAREY

~~10008 LONGBOAT DRIVE~~

~~COOPER CITY FL 33026~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
16359 Fern Drive

83

84 City
Sunrise

FL

85 Zip Code
33326

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 type 3 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSTD
NAME LAUFER, CAREY
STREET ADDRESS ~~10008 LONGBOAT DRIVE~~
CITY-ST-ZIP ~~COOPER CITY FL 33026~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 16359 Fern Drive
1.4 CITY-ST-ZIP Sunrise, FL 33326

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 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, as changed, or on an attachment with an address.

SIGNATURE: X *Cary Laufer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/25/97 X 934 8388
Date Daytime Phone #

CR2E034 (9/96)