SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

APPROVED AND FILED
96 AUG 28 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000013973 (9)

1. Corporation Name
CONTRACT FURNITURE SOLUTIONS, INC.

Principal Place of Business
2931 FRIDAY LANE
COCOA FL 32926

Mailing Address
2931 FRIDAY LANE
COCOA FL 32926

3. Date Incorporated or Qualified: 02/17/1995
3a. Date of Last Report:

2. Principal Place of Business
21 2190 Friday Road
22 Suite, Apt #, etc.
23 City & State: Cocoa, FL
24 Zip: 32926
25 Country: USA

2a. Mailing Address
26 P.O. Box 676
27 Suite, Apt #, etc.
28 City & State: Sharpes, FL
29 Zip: 32959
30 Country: USA

4. FEI Number: [X] 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
HEAD, JAMES D
2931 FRIDAY LANE
COCOA FL 32926

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2190 Friday Rd.
83
84 City: Cocoa, FL **FL** 85 Zip Code: 32926

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 (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	HEAD, JAMES D	
STREET ADDRESS	2931 FRIDAY LANE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	D	[ ] DELETE
NAME	TARR, DONALD E	
STREET ADDRESS	657 SABAL LAKE DRIVE	
CITY-ST-ZIP	LONGWOOD FL 32811	
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		[X] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	2190 Friday Road	
1.4 CITY-ST-ZIP	Cocoa, FL 32926	
2.1 TITLE		[X] Change [ ] Addition
2.2 NAME	TARR, DONALD E.	
2.3 STREET ADDRESS	1232 Collier Road	
2.4 CITY-ST-ZIP	Atlanta, Ga 30318	
3.1 TITLE	S	[ ] Change [X] Addition
3.2 NAME	Sheri M. Head	
3.3 STREET ADDRESS	2190 Friday Road	
3.4 CITY-ST-ZIP	Cocoa, FL 32926	
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		

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08/29/96--01013--006
****375.00 ****375.00
$ 18/28

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James D. Head — JAMES D. HEAD — 8-19-96 — 407-631-6268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #