

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

FILED

**Apr 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000044832 (0)
1. Corporation Name
GROUP III OFFICE FURNISHINGS, INC.



Principal Place of Business 11851 S.W. 2 STREET PLANTATION FL 33325	Mailing Address 11851 S.W. 2 STREET PLANTATION FL 33325
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 251 SW 87 TERRACE Suite, Apt. #, etc.		2a. Mailing Address 26 251 SW 87 TERRACE Suite, Apt. #, etc.		3. Date Incorporated or Qualified 06/12/1995	
22 City & State 23 PLANTATION FL		27 City & State 28 PLANTATION FL		4. FEI Number 65-0592186 Applied For <input type="checkbox"/> Not Applicable	
24 33324 25 USA		29 33324 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent THIRER, MARTIN 2717 W. CYPRESS CREEK ROAD FT. LAUDERDALE FL 33309				10. Name and Address of New Registered Agent	
				B1 Name	
				B2 Street Address (P.O. Box Number is Not Acceptable)	
				B3	
				B4 City FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERMAN, ROBERT E	1.2 NAME	GERMAN, ROBERT
STREET ADDRESS	11851 S.W. 2 STREET	1.3 STREET ADDRESS	251 SW 87 TERRACE
CITY-ST-ZIP	PLANTATION FL 33325	1.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, SHARON	2.2 NAME	DIAZ SHARON
STREET ADDRESS	11851 S.W. 2 STREET	2.3 STREET ADDRESS	251 SW 87 TERRACE
CITY-ST-ZIP	PLANTATION FL 33325	2.4 CITY-ST-ZIP	PLANTATION FL 33324
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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 on an attachment with an address

SIGNATURE: *Sharon Diaz* 3/30/98 (954) 916-0663

CR2E034 (10/97)