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

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT DE STATE

FILED

May 01 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000064227 (7)

MARK'S OFFICE FURNITURE ACQUISITION CORP.

Principal Place of Business Mailing Address 3600 RIO VISTA AVENUE POST OFFICE BOX 586507 3600 RIO VISTA AVENUE POST OFFICE BOX 586507 ORLANDO FL 32805 ORLANDO FL 32805-6605 3. Date Incorporated or Qualified 3a. Date of Last Report 07/25/1996 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 26 Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes \(\subseteq \text{No} \) Yes \(\subseteq \text{No} \) No 25 30 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name COPENHAVER, PRESTON S III 3600 RIO VISTA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **POST OFFICE BOX 586507** 83 ORLANDO FL 32805 84 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 a gnature required when reinstating) Signature, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. Change TITLE ☐ DELETE 1.1 TITL€ Addition NAME COPENHAVER, PRESTON S III 1.2 NAME 3600 RIO VISTA AVENUE 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE ___ Addition TITLE 2.1 TOLE COPENHAVER, DAVID C NAME 2.2 NAME 3600 RIO VISTA AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32805 CITY-ST-ZIP 2 4 CITY-ST-7IP DELETE ___ Change Addition TITLE 3 1 111LE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4, CITY - ST-ZIP DELFTE Change Addition TITLE 4.13011 NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 THUE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELETE 700002164827^{ange} -05/05/97--01002--004 TATLE 6.1 TITLE G.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY - \$1 - ZIP

***165.00

Lum 841 7346

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 both 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. PETTON S. COCKUNAVER HILDIAT