

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 24, 1999 8:00 am  
Secretary of State

02-24-1999 90119 008 \*\*\*150.00

DOCUMENT # P97000013478

1. Corporation Name

AMERICAN OFFICE FURNITURE, INC.

Principal Place of Business

98 SOUTH FEDERAL HWY  
POMPANO BEACH FL 33063

Mailing Address

98 SOUTH FEDERAL HWY  
POMPANO BEACH FL 33063

2. Principal Place of Business

21 856 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

23 Pompano Beach FL

Zip

24 33062

Country

25 USA

2a. Mailing Address

26 856 N. FEDERAL HWY

Suite, Apt. #, etc.

City & State

28 Pompano Beach FL

Zip

29 33062

Country

30 USA

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

65-0706941

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 owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BANCROFT, MICHAEL Y JR  
98 SOUTH FEDERAL HWY  
POMPANO BEACH FL 33063

10. Name and Address of New Registered Agent

81 Name BANCROFT, MICHAEL Y JR

82 Street Address (P.O. Box Number is Not Acceptable)  
856 N. Federal HWY

83

84 City Pompano Beach FL 85 Zip Code 33062

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]*  
Signature, typed or printed name of registered agent and title if applicable.

PRESIDENT - MICHAEL BANCROFT JR JAN 13/99  
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME BANCROFT, MICHAEL  
STREET ADDRESS 841 LYONS RD #2420S  
CITY-ST-ZIP COCONUT CREEK FL 33063

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT  
1.2 NAME BANCROFT, MICHAEL  
1.3 STREET ADDRESS 10670 ELAND ST  
1.4 CITY-ST-ZIP BOCA RATON FL 33428

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29.3 STREET ADDRESS  
29.4 CITY-ST-ZIP

SIGNATURE *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT  
MICHAEL BANCROFT JR JAN 13/99 954-942-4001  
Date Daytime Phone #

CR2E034 (11/98)