

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000104440 (7)

1. Corporation Name

OFFICE PAVILION SOUTH FLORIDA, INC.



Principal Place of Business

Mailing Address

150 W FLAGLER STREET
SUITE 2200-HDM
MIAMI FL 33130

150 W FLAGLER STREET
SUITE 2200-HDM
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/11/1997

4. FEI Number

650799515

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1 OAKWOOD BLVD.

Suite, Apt. #, etc.

22 SUITE 100

City & State

23 HOLLYWOOD, FL

Zip

24 33020

Country

25

2a. Mailing Address

26 C/O HERMAN MILLER, INC.

Suite, Apt. #, etc. 855 E. MAIN AVE.

27 CORP. TAX DEPT. 0252

City & State

28 ZEELAND, MI

Zip

29 49464

Country

30

9. Name and Address of Current Registered Agent

MOOREFIELD, HAROLD D
150 W FLAGLER STREET
MUSEUM TOWER SUITE 2200
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name

ROBERT E. GALLAGHER, JR.

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

Stearns Weaver Miller, et al.

83

150 West Flagler Street, Suite 2200

84 City

Miami

FL

85 Zip Code

33130

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 ☐ DELETE

NAME D KING, DANIEL
STREET ADDRESS 855 EAST MAIN AVE
CITY-ST-ZIP ZEELAND MI 49464-0302

TITLE ☐ DELETE

NAME D CHRISTENSEN, JAMES
STREET ADDRESS 855 EAST MAIN AVE
CITY-ST-ZIP ZEELAND MI 49464-0302

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

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

CR2E034 (10/97)

616-654-