

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 14 PM 12:09

DOCUMENT # **624145** (9)

1. Corporation Name  
**ASCOT INTERIORS, INC.**

Principal Place of Business: **3801 N UNIVERSITY DR #316 SUNRISE FL 33351**  
Mailing Address: **3801 N UNIVERSITY DR #316 SUNRISE FL 33351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/08/1979**  
3a. Date of Last Report: **05/01/1994**  
4. FID Number: **59-1946439**  
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. 190.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** State, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2b. Mailing Address: **26** State, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**ABOUD, ANTHONY**  
**3801 N UNIVERSITY DR #316**  
**SUNRISE FL 33351**

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* 1/30/95

12. OFFICERS AND DIRECTORS

TITLE	VPT
NAME	ABOUD, ANTHONY J
STREET ADDRESS	2415 NW 29TH ROAD
CITY, ST, ZIP	BOCA RATON FL
TITLE	S
NAME	MILLER, JANET L
STREET ADDRESS	1701 SW 4TH CT.
CITY, ST, ZIP	FT. LAUDERDALE FL
TITLE	P
NAME	ABOUD, KAREN
STREET ADDRESS	2415 NW 29TH RD.
CITY, ST, ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	ABOUD, ANTHONY	
3. STREET ADDRESS	3801 N. UNIVERSITY DR. #316	
4. CITY, ST, ZIP	SUNRISE, FL 33351	
21. TITLE	SECRETARY/PASSIONIST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	ABOUD, KAREN	
23. STREET ADDRESS	3801 N. UNIVERSITY DR. #316	
24. CITY, ST, ZIP	SUNRISE, FL 33351	
31. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME		
33. STREET ADDRESS		
34. CITY, ST, ZIP		
41. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME		
43. STREET ADDRESS		
44. CITY, ST, ZIP		
51. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS		
54. CITY, ST, ZIP		
61. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS		
64. CITY, ST, ZIP		

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 191.02(6)(A), Florida Statutes. I further certify that the information included 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. 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 as designated, or on an attachment with an address.

SIGNATURE: *[Signature]* **Anthony Aboud** 1/29/95 FID 701-0743  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR