

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

FILED

**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000057186 (4)
1. Corporation Name
DEUTSCH/FALKANGER INTERIOR DESIGN GROUP, INC.



Principal Place of Business 888 SOUTH ANDREWS AVENUE #300 FORT LAUDERDALE FL 33316	Mailing Address 888 SOUTH ANDREWS AVENUE #300 FORT LAUDERDALE FL 33316-1047
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3. Date Incorporated or Qualified 07/08/1996	3a. Date of Last Report
4. FEI Number 65-0678060	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**FALKANGER JEFF
888 SOUTH ANDREWS AVENUE #300
FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent
81 Name
MERYL DEUTSCH
82 City or Address (P.O. Box Number is Not Acceptable)
888 S. ANDREWS AVE SUITE 300
83 City
FORT LAUDERDALE FL
84 Zip Code
FL 33316

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 *Meryl Deutsch* **Meryl DEUTSCH** DATE **3/1/97**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input checked="" type="checkbox"/>
NAME	FALKANGER, JEFF	
STREET ADDRESS	888 SOUTH ANDREWS AVENUE #300	
CITY-ST-ZIP	FORT LAUDERDALE FL 33316	
TITLE	MERYL DEUTSCH	<input type="checkbox"/>
NAME	MERYL DEUTSCH	
STREET ADDRESS	888 S. ANDREWS AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PRESIDENT	<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. 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: *Meryl Deutsch* **Meryl DEUTSCH** DATE: **3/1/97**

CR2E034 (9/96)

Bill Dept # 165.00
254 2/1/97
6300