

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90213 043 \*\*\*\*\*8.75  
 04-27-1999 90213 044 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

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

**DOCUMENT # P96000057186**

1. Corporation Name  
**DEUTSCH/FALKANGER INTERIOR DESIGN GROUP, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**888 SOUTH ANDREWS AVENUE #300  
 FORT LAUDERDALE FL 33316**

Mailing Address  
**888 SOUTH ANDREWS AVENUE #300  
 FORT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified  
**07/08/1996**

4. FEI Number  
**65-0678060**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required.  Not Applicable

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21. Suite, Apt. #, etc.  
 22. City & State  
 23. Zip Country  
 24. Country

2a. Mailing Address  
 26. Suite, Apt. #, etc.  
 27. City & State  
 28. Zip Country  
 29. Country

9. Name and Address of Current Registered Agent  
**DEUTSCH, MERYL  
 888 SO ANDREWS AVE. STE 300  
 FORT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
**7039 MANDARIN DRIVE**  
 83. City  
**BOCA RATON**  
 84. City  
**FL** 85. Zip Code  
**33433**

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 signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
	<input checked="" type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>P</b>	<b>DEUTSCH, MERYL</b>		
<b>888 S. ANDREWS AVE. #300</b>			
<b>FORT LAUDERDALE FL 33316</b>			
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: *Meryl Deutsch* **MERYL DEUTSCH** 4/22/99 5101 2179-4991  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date and Phone #

CR2E034 (1/198)