

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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **S34373** (8)
1. Corporation Name
JOYCE M. EDEL INTERIORS, INC.

Principal Place of Business: **144 THORNTON DR. PALM BEACH GARDENS FL 33418**
Mailing Address: **144 THORNTON DR. PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **02/26/1991** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **65-0235375** 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**
6. Does corporation have liability for improper use of funds? Yes No

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

9. Name and Address of Current Registered Agent
**EDEL, JOYCE M.
144 THORNTON DR.
PALM BEACH GARDENS FL 33418**

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

11. Pursuant to the provisions of Section 199.01, Florida Statutes, the above named corporation ratifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida, and hereby authorizes the corporation's board of directors, thereby accept the appointment as registered agent. I am familiar with and accept the application of law to the facts of this application.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	EDEL, JOYCE M.
STREET ADDRESS	144 THORNTON DR.
CITY & STATE	PALM BCH. GARDENS FL
TITLE	V
NAME	EDEL, EDWARD E.
STREET ADDRESS	144 THORNTON DR.
CITY & STATE	PALM BCH. GARDENS FL
TITLE	S
NAME	EDEL, BILL R.
STREET ADDRESS	144 THORNTON DR.
CITY & STATE	PALM BCH. GARDENS FL
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	
TITLE	
NAME	
STREET ADDRESS	
CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY & STATE	TITLE	NAME	STREET ADDRESS	CITY & STATE	Change	Addition
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this report is true, correct and complete, and is not equal to the information stated in Section 199.01, Florida Statutes. Further, I certify that the information submitted on this report is not equal to the information reported in the report on file, and that my signature shall have the same legal effect as if made in person. I am responsible for the accuracy of the information reported on this report as required by Chapter 199, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: *Joyce M Edel Pres*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
4/28/95 - 1-407-626-5549