

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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**

New Address

2. Principal Place of Business
21 []
Suite, Apt. #, etc. []
22 City & State []
23 Zip [] Country []
24 [] 25 []
2a. Mailing Address
26 **PO BOX 30051**
Suite, Apt. #, etc. []
27 City & State
28 **PALM BEACH GARDENS, FL**
Zip
29 **33420** 30 **Palm Beach**

3. Date Incorporated or Qualified **02/26/1991** 3a. Date of Last Report **05/01/1995**
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**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

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 []
84 City [] 85 Zip Code **FL** []

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: *Joyce M. Edel* DATE: **4/27/96**

12. OFFICERS AND DIRECTORS
TITLE [] DELETE []
NAME **PT EDEL, JOYCE M.**
STREET ADDRESS **144 THORNTON DR.**
CITY-ST-ZIP **PALM BCH. GARDENS FL**
TITLE [] DELETE []
NAME **V EDEL, EDWARD E.**
STREET ADDRESS **144 THORNTON DR.**
CITY-ST-ZIP **PALM BCH. GARDENS FL**
TITLE [] DELETE []
NAME **S EDEL, BILL R.**
STREET ADDRESS **144 THORNTON DR.**
CITY-ST-ZIP **PALM BCH. GARDENS FL**
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Joyce M. Edel* DATE: **4/27/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Joyce M. Edel** Date: Daytime Phone #

CR2E034 (12/95)