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PROFIT CORPORATION ANNUAL REPORT



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

1996

292359

(7)

DOCUMENT #

1. Corporation Name

Principal Place of Business 317 N. FEDERAL HWY. FORT LAUDERDALE FL 33301 3. Date Incorporated or Qualified 04/27/1965 3. Date Incorporated or Qualified 01/25/1995 2. Principal Place of Business 2a. Mailing Address 25 Let incorporated or Qualified 01/25/1995 4. FEI Number 59-1094877 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required City & State City & Country Cou	BROWARD PAINT & WALL PAPER CO., INC.										
PRIVATE OF Business 2a Mailing Address 2b Mailing Address 2c Maili	317 N. FEDERAL HWY. 317 N. FEDERAL HWY.				3301				, 1911 9 1811 9 1811 9	1911 01011 01017 1901	
Sulfa, Apt. 4, etc. Sulfa, Apt. 6, etc.								3. Date Incorporated or Qualified 04/27/1965			
Suite, Apt. 4, etc. 27 27 27 27 27 27 27 2	2. Principal Pla 21	ce of Business	<u>├</u> —┐				E0 4004077				
28	Suite, Apt. #	, etc.					5. Certificate of Status Desired	[]			
Zip Country Zip Country Zip Country	City & State										
FOX_JOEL 317 N_FEDERAL HWY. FORT LAUDEROALE FL 33301 52 Stroot Address (P.O. Box Number is Not Acceptable) 53 Various distributions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and all accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and all accept the obligations of, Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and all accept the obligations of, Section 607.0503, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. The POX_JOEL 17. NEEDERAL HWY. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 11. THE 12. THE OBJECT AND DIRECTORS IN 12. 13. THE ADDRESS TO OFFICERS AND DIRECTORS IN 12. 14. THE CONTROL AND THE			Zip		ountry						
FOX.JOEL 317 N.FEDERAL HWY. FORT LAUDERDALE FL 33301 58 69 60 60 60 60 60 60 60 60 60					Τ			10. Name and Address of New Registered Agent			
SITE ALL HAY, FORT LAUDERDALE FL 33301 81					81	Name	9				
FORT LAUDERDALE FL 33301 58					82	Stree	t Addres	iress (P.O. Box Number is Not Acceptable)			
TILE POX_C DELETE					B3						
or registered agent, or both, in the State of Riorida. Such change was authorized by the corporation's board of directors. I horethy accept the appointment as registered agent, 1 am familiar within, and accept the obligations of Science ROTSOS, Florida Statutors. 12.					84	City			FL 85	Zip Code	
Signature Sign	or registere	ed agent, or both, in the State of Flori	rida. Such change was	authorized by the	oove-r	named oration	corporat 's board	ion submits this statement for the pur of directors. I hereby accept the app	rpose of changing ointment as registe	its registered office ored agent. I am	
12.		, and doopt the obligations of acc									
TITLE		Signature, typod or printed name of registered agen	nt and title if applicable.	(NOTE: Register	ed Ager	nt signatur	e required v				
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certify that the information indicated on this annual report or supplies with this him is solutional report or supplies and does not qualify for the exemption stated in Section 1.13.07(5)(8), Florida Statutes. Turner 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:

SIGNATURE AND TYPED OR PRINTED MANYE OF SIGNING OFFICER DR DIRECTOR COX, PRESIDENT -3-14-96-954-467-0577

CR2E034 (12/95)