SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUN 29 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **329611** **(8)**

1. Corporation Name
PEG E. GORSON INTERIOR DESIGNS, INC.

Principal Place of Business	Mailing Address
1166 KANE CONCOURSE BAY HARBOR ISLAND FL 33154 US	10155 COLLINS AVE S205 BAL HARBOUR FL 33154 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1968	3a. Date of Last Report: 02/23/1994
4. FEI Number: 59-1213460	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 10155 COLLINS Ave	26
Suite, Apt. #, etc. 22 205	Suite, Apt. #, etc. 27
City & State 23 BAL HARBOUR	City & State 28
Zip 24 33154	Country 25 FL
Zip 29	Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOOKE, SHIRLEY 2780 DOUGLAS RD MIAMI FL 33133-9728	81 Name: PEG E GORSON 82 Street Address (P.O. Box Number is Not Acceptable): 10155 COLLINS AVE 83 BAL HARBOUR, FL 205 84 City: 33154 FL 85 Zip Code

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: PEG E. GORSON (Signature, typed or printed name of registered agent and title if applicable) Peg E Gorson (NOTE: Registered Agent's signature required when reinstating) DATE: 6/23/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 TITLE	☐ Change ☐ Addition
NAME	GORSON, NORMAN S	12 NAME	
STREET ADDRESS	10155 COLLINS AVE. #205	13 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	GORSON, CRAIG	22 NAME	
STREET ADDRESS	1231 101 ST	23 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	GORDON SANDI-JO	32 NAME	
STREET ADDRESS	1948 NE OAK HAVEN CIR.	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	34 CITY-ST-ZIP	
TITLE	PD	41 TITLE	☐ Change ☐ Addition
NAME	GORSON, PEG E	42 NAME	
STREET ADDRESS	10155 COLLINS AVE #205	43 STREET ADDRESS	
CITY-ST-ZIP	BAL HARBOUR FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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.

SIGNATURE: Peg E Gorson June 7/1995 President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000045 CP