

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 19 AM 11:54

DOCUMENT # 505554 (6)

1. Corporation Name

DEAN INTERIORS, INC.

Principal Place of Business

**6157 N.W. 167 STREET
UNIT 28
MIAMI FL 33015**

Mailing Address

**6157 N.W. 167 STREET
UNIT 28
MIAMI FL 33015**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/21/1976

3a. Date of Last Report

04/11/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1680605

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOND, SHELTON B.
641 N. 69 AVE.
HOLLYWOOD FL**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

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

Signature typed or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
BOND, SHELTON B.
641 N. 69 AVE.
HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**D
BOND, TODD E.
641 N.W. 69TH AVE.
HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SD
BOND, DEAN R.
641 N 69 AVE
HOLLYWOOD FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
BOND, GREGORY
CITY LIMIT ROAD, BOX 208
MOORE HAVEN FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 report and/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, or person 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 upon attachment with an address.

SIGNATURE:

Signature typed or printed name of signing officer or director

SHELTON B. BOND, PRESIDENT

6-10-95 505-556-6992
Date Signature