

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **505554** (6)
1. Corporation Name
DEAN INTERIORS, INC.

Principal Place of Business Mailing Address
6157 N.W. 167 STREET **6157 N.W. 167 STREET**
UNIT 28 **UNIT 28**
MIAMI FL 33015 **MIAMI FL 33015**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/21/1976
4. FEI Number **59-1680605** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, SHELTON B.	1.2 NAME	
STREET ADDRESS	641 N. 69 AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, TODD E.	2.2 NAME	
STREET ADDRESS	641 N.W. 69TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOND, GREGORY	3.2 NAME	
STREET ADDRESS	CITY LIMIT ROAD, BOX 208	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOORE HAVEN FL	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBBIE BOND	4.2 NAME	
STREET ADDRESS	641 N. 69 AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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:

[Signature]

FILED
Jul 29 1998 8:00am
Secretary of State



CP2E034 (5/98)