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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 539677 (5)

GARDENS SHOWCASE INTERIORS, INC.											
Principal Place of	Business	Mailing Addre	oss				i thates Atten zent sante atter		*** ***** ***** ****		
19491 HARBOUR RD S											
U\$ U\$							3. Date incorporated or Qualified 07/20/1977		3a. Date of Last Report 01/20/1995		
Principal Place	of Business	2a. Mailing A	ddress				4. FEI Number			Applied F	
		26					59-1751355		60.7	Not Appli	
Suite, Apt. #, 6	etc	Suite, Ap	t. #, etc				5. Certificate of Status Desired	1 🗆	v - ·	5 Additio Required	
City & State		City & Sta	ate		***		Etection Campaign Financir Trust Fund Contribution	¹⁹ 🗆	— — — —	00 May E	
700	Country	28]		Cour	ntry		8. This corporation has liability	for intanç	jibie tax under	s 199.032	2,
_ Zφ: [25	29		30				Yes 🗀			
.1	9. Name and Address of Curre	nt Registered Age	ent				10. Name and Address of N	ew Regis	tered Agent		
					81	Name					
BEEHLER,	PATRICIA L.			ŀ	82	Street Addr	ess (P.O. Box Number is Not Acce	eptable)			
	RBOUR RD SOUTH										
TEQUESTA	N FL 33469			}	24				85	Zip Code	
					84	City	ration submits this statement for th		FL		
SIGNATURE su	y etime typod or priced name of registered eg- OFFICERS A	ND DIRECTORS		13.		t signature require	ad when reinstalling) ADDITIONS/CHANGES TO		DATE IS AND DIREC		12 ddition
7111.5	PSD		DELETE	111		1			L. Chang	e Г .	Julion
NAME	BEEHLER, PATRICIA L.			1.2 N		400050C					
STPLET ADDRESS	19491 HARBOUR RD S.					ADDRESS ST-ZIP					
DITY-SE ZIP	TEQUESTA FL		DELETE	2 1 J		31-211			Chang	je 🔲 A	ddition
THUF NAME	td Beehler, George H.	L.J		22 N	AME						
STREET ADDRESS	19491 HARBOUR RD S.			235	TREET	ADDRESS					
City St-ZiP	TEQUESTA FL					ST - ZIP			Chang	a 🗆 a	Addition
THE			DELETÉ	3 1 1				_	[] Chan	Je □ ^	iodition.
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THUF		L-	•		IAME						
NAME STREET ADDRESS				4.3 9	TREE	T ADDRESS					
City-St-ZiP				4.4 (HY-	ST-ZIP					Addition
TILLE] DELETE	5 1	TITLE				Chan	ge □,	Addition
NAM <u>F</u>					IAME						
STREET ADDRESS						1 ADDRESS					
CHTY_ST_ZIP		 -	DELETE		TITLE	ST · ZIP			Char	ige 🔲 /	Addition
THE		L	_ 0,		NAME				_		
NAME:						E1 ADDRESS					
STREET ADDRESS				6.4	rity	ST 710					
certify that	goertify that the information supply the information indicated on this a fam an officer or director of the co Block 12 or Block 13 if changed,	mual report or sup-	piernentara: eiver or trus	irnished and nnual report stee empow	do	es not qualify	y for the exemption stated in Sectic rrate and that my signature shall ha this report as required by Chapter	on 119.07(ave the sai 607, Floric	(3)(k), Florida Si me legal effect la Statutes; and	latutes. I fo as if made d that my i	urther under name

SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR