## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 539677

(5)

GARDENS SHOWCASE INTERIORS, INC.

**FILED** Jan 29 1997 8:00am Secretary of State

| Principal Place of Business  19491 HARBOUR RD S TEQUESTA FL 33469-2345 US |   | Mailing Address 19491 HARBOUR RD S TEQUESTA FL 33469-2345 US |        |                  |   |  |                                       |               |                             |
|---|---|--|--------|------------------|---|--|---------------------------------------|---------------|-----------------------------|
|   |   |  |        |                  | 3. Date Incorporated or Qualifie 07/20/1977 |  | Date of Last Report 02/09/1996        |               |                             |
| 2. Principa<br>21   | il Place of Business                              | 2a. Mailing Address<br>26                                    |        |                  |   | 4. FEI Number<br>59-1751355                            |                                       | <del></del>   | pplied For<br>ot Applicable |
| 22  | pt. #, etc.                                       | Suite, Apt. #, etc.  |        |                  |   | 5. Certificate of Status Desired                       |                                       |               | Additional<br>equired       |
| City & S<br>23  | State   | City & State   |        |                  |   | 6. Election Campaign Financing Trust Fund Contribution |                                       |               | May Be<br>to Fees           |
| Zıp<br><b>24</b>  | Country 25  | Zip <b>29</b>  | 30 Cou | intry            |   | This corporation has liability     Florida Statutes    | Yes                                   | □No           | i. 199.032,                 |
|   | 9. Name and Address of Curre                      | nt Registered Agent  |        | 81               | <b></b>                                     | 10. Name and Address of New                            | Registered                            | Agent         |                             |
|   | EEHLER, PATRICIA L.                               |  |        | 0'               | Name  |  |                                       |               |                             |
| 19491 HARBOUR RD SOUTH<br>TEQUESTA FL 33469                               |   |  |        | 82 Street Add    |   | ress (P.O. Box Number is Not Accep                     | nable)                                |               |                             |
|   |   |  |        | 83               |   |  |                                       |               |                             |
| <u> </u>  |   |  |        | 84               | City  |  | FL                                    | <b>85</b> Zip | Code                        |
| SIGNATUR  | Signature, typed or printed name of registered ag | _  |        |                  |   | ired when reinstating) ADDITIONS/CHANGES TO OF         | DATE                                  |               |                             |
| TITLE   | PSD   | ☐ DELETE   | 117    | TLE              |   |  |                                       | ☐ Change      | Addition                    |
| NAME  | BEEHLER, PATRICIA L.                              |  | 1.2 N  | AME              |   |  |                                       |               |                             |
| STREET ADDRES   |   |  | 1.38   | TREET A          | DORESS                                      |  |                                       |               |                             |
| CITY - ST - ZIF   | TEQUESTA FL                                       |  |        | ITY-ŞT-          | ZIP   |  | <del></del>                           |               |                             |
| TITLE   | to<br>Beehler, george H.                          | ☐ DELETE   | 2.1 11 |                  |   |  |                                       | Change        | Addition                    |
| NAME<br>STREET ADDRES   | TOTAL HARBOUR DO D                                |  | 2.2 N  |                  | DDRESS                                      |  |                                       |               |                             |
| C-TY - ST - ZIP   | TEQUESTA FL                                       |  |        | CHTY-ST          |   |  |                                       |               |                             |
| TITLE   |   | DELETE   | 3.1 Ti |                  | 211   |  | · · · · · · · · · · · · · · · · · · · | Change        | Addition                    |
| NAME  |   |  | 3.2 N  | AME              |   |  |                                       |               |                             |
| STREET ADDRES   | ss  |  | 3.3 S  | TREET A          | DDRESS                                      |  |                                       |               |                             |
| CITY-ST-ZIP   |   |  |        | ITY - ST         | - ZIP                                       | <u></u>  | ····                                  | <u> </u>      |                             |
| THILE   |   | L) DELETE  | 4.1 Ti |                  |   |  |                                       | Change        | Addition                    |
| NAME  | na  |  | 4 2 N  |                  |   |  |                                       |               |                             |
| STREET ADDRES   | 22  |  |        |                  | DDRESS                                      |  |                                       |               |                             |
| CITY - ST - ZIP   |   | DELETE   | 5.1 T  | ITY - ST<br>ITLE | - 218                                       |  |                                       | Change        | Addition                    |
| NAME  |   | hand something   | 5.2 N  |                  |   |  |                                       |               |                             |
| STREET ADDRES   | ss  |  | - 6    |                  | DORESS                                      |  |                                       |               |                             |
| CITY - S1 - ZiP   | **  |  |        | ITY-ST           |   |  |                                       |               |                             |
| TITLE   |   | ☐ DELETE   | 6.1 To |                  |   |  |                                       | Change        | Addition                    |
| NAME  |   |  | 6.2 N  | AME              |   |  |                                       |               |                             |
| STREET ADDRE  | SS  |  | 6.3 S  | TREET A          | NDORESS                                     |  |                                       |               |                             |
| CHY-ST-ZIP  |   |  | 6.4 C  | ITY-ST           | - ZIP                                       |  |                                       |               |                             |

14. I do hereby certify that the information supplied with this filling 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 atlactment with an address.

SIGNATURE: