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

APPROVED AND FILED

95 MAY -1 PM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **593670** **(3)**

1. Corporation Name
DESIGNERS CHOICE OF NAPLES, INC.

Principal Place of Business	Mailing Address
431 CHESTNUT LANE BONAVENTURE FORT LAUDERDALE FL 33326	2146 N. TAMIAMI TRAIL NAPLES FL 33940 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/16/1978**
3a. Date of Last Report: **08/04/1994**

2. Principal Place of Business
21 2217 ROYAL LANE
Suite, Apt. #, etc. 22
City & State 23 NAPLES FLORIDA
Zip 24 33962 County 25 COLLIER

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: **59-1903878** ☐ 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

9. Name and Address of Current Registered Agent

KLINE, JAMES S
5800 CAMINO DEL SOL APT 401
BOCA RATON, FLORIDA
33433

10. Name and Address of New Registered Agent

81 Name: JAMES S. KLINE
82 Street Address (P.O. Box Number is Not Acceptable): 940 SE. ANDREWS BLVD
83
84 City: NAPLES FL 85 Zip Code: 33962

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTDS	1.1 TITLE	☐ Change ☐ Addition
NAME	KUPERSMIT, MARILYN K.	1.2 NAME	
STREET ADDRESS	2146 N. TAMIAMI TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	KUPERSMIT, MARILYN K.	2.2 NAME	
STREET ADDRESS	2146 N. TAMIAMI TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	KUPERSMIT, HERBERT S.	3.2 NAME	
STREET ADDRESS	2217 ROYAL LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	KLINE, RUTH M	4.2 NAME	
STREET ADDRESS	5800 CAMINO DEL SOL	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	KLINE, JAMES S	5.2 NAME	
STREET ADDRESS	5800 CAMINO DEL SOL	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 00000	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Marilyn K Kupersmit 4/12/95 813-263-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Marilyn K Kupersmit

0328434 CP