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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 681454 (5)

1. Corporation Name
GAIL YOUNG INTERIORS, INC.

Principal Place of Business
1522 - 15TH CT.
PALM BCH GARDENS FL 33410
US

Mailing Address
P. O. BOX 30024
PALM BEACH GARDENS FL 33420-0024
US



2. Principal Place of Business
21 8384 Heritage Club
Suite, Apt. #, etc.
22 City & State
West Palm Beach FL
Zip 33412 Country USA
23 City & State
West Palm Beach FL
Zip 33420 Country USA
24 33412 25 USA 26 33420 27 USA

3. Date Incorporated or Qualified 08/07/1980
3a. Date of Last Report 04/27/1996
4. FEI Number 59-2056855
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
GASTER, GAIL YOUNG
1522 15TH COURT
PALM BCH GARDENS FL 33410
Former qualified name change

10. Name and Address of New Registered Agent
81 Name Young, Gail
82 Street Address (P.O. Box Number is Not Acceptable) 8384 Heritage Club Drive
83
84 City West Palm Beach FL 85 Zip Code 33412

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] DATE: 4-9-97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PVP
NAME YOUNG, GAIL
STREET ADDRESS PO BOX 30024 N/A
CITY-ST-ZIP PALM BCH GARDENS FL
TITLE ST
NAME BERRY, MARY G
STREET ADDRESS 2722 EMORY DR
CITY-ST-ZIP W PALM BCH FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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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
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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] DATE: 4-9-97 561-622-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)