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 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F05335** (7)

1. Corporate Name
HERBERT J. HOLZHEIMER INTERIORS, INC.

Principal Place of Business
2401 P.G.A. BLVD #140
2401 P.G.A. BLVD., #174
PALM BEACH GARDENS FL 33410
US

Mailing Address
2401 P.G.A. BLVD #140
2401 P.G.A. BLVD. #174
PALM BEACH GARDENS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 11/13/1980
3a. Date of Last Report: 02/25/1994

2. Principal Place of Business — 21 — 22 — 23 — 24 — 25
2a. Mailing Address — 26 — 27 — 28 — 29 — 30

4. FEI Number: 59-2040401 — Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Use for Campaign Financial Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. The corporation has/will be adequate to pay $ 100.00 Florida Statute ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
MCGRATH, MICHAEL J. CPA
5725 COROPORATE WAY, STE 101
W PALM BCH FL 33407

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 Section 607.0505, 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. The corporation is currently qualified to transact business in Florida, and the appointment as registered agent has been accepted in accordance with Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLZHEIMER, HERBERT J SR
STREET ADDRESS	12794 W.FOREST HILL BD
CITY, ST, ZIP	W.PALM BCH. FL
TITLE	STD
NAME	HOLZHEIMER, FRANCES M.
STREET ADDRESS	12794 W.FOREST HILL BD
CITY, ST, ZIP	W.PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 19

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I hereby certify that the information contained with this report is accurate and that this report is filed in accordance with Section 607.0505, Florida Statutes. I further certify that the information contained on the 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 a director or officer of the corporation or the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the Articles of Incorporation or an amendment thereto.

SIGNATURE: MICHAEL J. McGRATH, CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/95 (407) 684-6604
Date Phone #

0240070 CP