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

SIGNATURE:

Mar 26 1998 8:00am PROFIT ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** F05335 HERBERT J. HOLZHEIMER INTERIORS, INC. Principal Place of Business Mailing Address 11672 U.S. HIGHWAY #1 11672 U.S. HIGHWAY #1 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/13/1980 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2040401 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes No Zip Country Country 24 Personal Property Tax due June 30. 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MCGRATH & MEYERS. PA 5725 COROPORATE WAY, STE 101 Street Address (P.O. Box Number is Not Acceptable) W PALM BCH FL 33407 83 84 City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE HOLZHEIMER. HERBERT J SR 1 2 NAME NAME 12794 W.FOREST HILL BD STREET ADDRESS 1.3 STREET ADDRESS W.PALM BCH. FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HOLZHEIMER, FRANCES M. NAME 22 NAME 12794 W.FOREST HILL BD STREET ADDRESS 2.3 STREET ADDRESS W.PALM BCH. FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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

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