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 MAR 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F40651 (4)

1. Corporation Name
CONTEMPORARY DESIGNS OF SOUTHWEST FLORIDA, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
235 N. COLLIER BLVD. P O BOX 641 MARCO ISLAND FL 33969-0641	235 N. COLLIER BLVD. P O BOX 641 MARCO ISLAND FL 33969-0641

3. Date Incorporated or Qualified: 08/17/1981
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 59-2124328 ☐ 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

KAREN A. LARSON
995 N. COLLIER BLVD.
P.O. BOX 288
MARCO ISLAND FL 33937

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 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: Karen A Larson KAREN LARSON 3/8/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, NATALIE P	1.2 NAME	
STREET ADDRESS	ROYAL MARCO PT VILLA #1	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937	1.4 CITY-ST-ZIP	
TITLE	PTD	2.1 TITLE	☐ Change ☐ Addition
NAME	MEYER, JEROME F	2.2 NAME	
STREET ADDRESS	ROYAL MARCO PT VILLA #1	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND FL 33937	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☑ Addition
NAME	Roy Lansdown VP	3.2 NAME	
STREET ADDRESS	1370 AUBURNDALE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 33937	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☑ Addition
NAME	SCHOENROCK, DARLENE AS	4.2 NAME	
STREET ADDRESS	111 TAHITI STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 33962	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 added attachment with an address.

SIGNATURE: Jerome F Meyer 3/8/95 813-394-6605
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #

0483488 FP