**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 05 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **1998** DIVISION OF CORPORATIONS DOCUMENT # F51580 (1)LONNIE KANTOR INTERIOR DESIGNS, INC. Principal Place of Business Mailing Address 3690 NE 195 LN 3690 NE 195 LN **AVENTURA FL 33180 AVENTURA FL 33180** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/28/1981 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-2134090 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zio Country Ζφ Country 8. This corporation owes or has paid the current year Intangible 24 □ No 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KANTOR, CHARLES 3690 NE 195 LANE 82 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180 B3** 84 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 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE Change Addition NAME KANTOR, LONNIE 1.2 NAME 3690 NE 195 LN STREET ADDRESS 1.3 STREET ADDRESS **AVENTURA FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Addition ŧΝ 2.1 TITLE Kantur, Chulus 3690 NG 195CK KANTOR, CHARLES NAME 2.2 NAME 3690 NE 195 LN STREET ADDRESS 2.3 STREET ADDRESS Sec. **AVENTURA FL** CITY-ST-ZIP 2.4 CITY - ST- ZIP DELETE TITLE Change 3.1 TITLE Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE ☐ Change Addition 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP TITLE DELETÉ 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITL F DELETE 6.1 TITLE Change Addition NAME

6.2 NAME

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14. Thereby 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 report of the proposer of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on applications with an address. 2/16/9X