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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # G14731

1. Corporation Name

CITY-ST-ZIP 1 -

CAROLE KORN INTERIORS, INC.

Principal Place	e of Business	Mailing A	Address							
GALLERY CENT	ER \	GALLERY	GALLERY CENTER							
622 BANYAN TI			622 BANYAN TR				201107	MOITE IN THIS	CDACE	
BOCA RATON I	FL 33431)		BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed			
US ? US							1	illed		1
		T				_	12/17/1982 4. FEI Number			
<b>⊢</b>	lace of Business	h	2a. Mailing Address				1 **			pplied For
21	<u> </u>		26				59-2340040			lot Applicable
Suite, Apt.	#, etc.	<b>⊢</b> ¬	Suite, Apt. #, etc.				5. Certificate of Status Desire	ed 🗆		Additional lequired
22		27	<u> </u>							<del></del>
Citý & Stat	e	—	City & State				6. Election Campaign Finance	ing 🔲		May Be
23		28					Trust Fund Contribution			to Fees
Zip	Country	Zip	¬ ' '				8. This corporation owes the	current year Inta	ngible □Yes	□No
24 25 29			30				Personal Property Tax. LJ Yes LJNo  10. Name and Address of New Registered Agent			
	9. Name and Address of Cu	rrent Registered	Agent		31	Name	10. Name and Address of N	BM Kedisteled >	Agiir	
PDO.	WN, ESQ.,LEWIS N.				'   '	Name	•		-	
	1570, ONE BISCAYNE TOW	ED ,	82 Street Ad			Street Addr	ress (P.O. Box Number is Not Acc	ceptable)		
1		<u>LN</u>								
MIAN	MI FL 33131		83							
				-	84	City			85 Zip	Code
l					Ţ	•		<u>FL</u>		
11. Pursuant	to the provisions of Sections 607	.0502 and 607.150	08, Florida Statutes	s, the abo	ove-r	named corp	poration submits this statement for on's board of directors. I hereby a	the purpose of	changing if	s registered
office or n	egistered agent, or both, in the St m familiar with, and accept the of	tate of Florida. Su oligations of, Secti	ch change was aut on 607.0505. Flori	ihorized t da Statut	by the	e corporation	on's board of directors, I hereby a	ccept the appoin	unen as i	egistered
J	,,		,							
SIGNATURE	Signature, typed or printed name of registered	1 agent and title if applica	ble. (NOTE: F	Registered A	gent si	gnature require	ed when reinstating)	DATE		
12.	OFFICERS	AND DIRECTOR	rs .	13.			ADDITIONS/CHANGES TO	OFFICERS AN		
TITLE	PD		☐ DELETÉ	1.1 TITLI	E	ļ		• •	Change	☐ Addition
NAME	KORN, CAROLE		1.2 NAM	1.2 NAME						
STREET ADDRESS	622 BANYAN TRAIL		1.3 ST		EET AL	DDRESS				. 1
CITY-ST-ZIP	BOCA RATON FL		1.4		1.4 CITY-ST-ZIP			<u></u>		
TITLE	DCS		DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	KORN, RONALD J			2.2 NAM	Æ					
STREET ADDRESS				2.3 STR	EET AI	DORESS		-		
CITY-ST-ZIP	BOCA RATON FL				2.4 CITY-ST-ZIP					
TITLE	T				3.1 TITLE				☐ Change	☐ Addition
NAME	THOUGHAN 000TT		<del></del>		3.2 NAME					ļ
1	STREET ADDRESS 622 BANJAN TRAIL		2		3.3 STREET ADDRESS					İ
	DOCA DATON FI			3.4. CITY-ST-ZIP				-		
CITY-ST-ZIP			3.4. CITY 4.1 TITU		ZIP			Change	Addition	
TITLE			L SCALIF							
NAME .				4. 2 NAME		1				
STREET ADDRESS			1	4.3 STREET ADDRESS					-	
CITY-ST-ZIP	*****			_	4.4 CITY-ST-ZIP					——————————————————————————————————————
TITLE			☐ DELETÉ	5.1 TITL					Change	Addition
NAME				5.2 NAM						
STREET ADDRESS						DDRESS				
CITY-ST-ZIP				5.4 CITY		ZIP	<u> </u>			
TITLE			☐ DELETE	6.1 TITL	E.				☐ Change	Addition
NAME				6.2 NAM	Æ					
STREET ADDRESS	(			6.3 STR	EETAI	DDRESS				}
1	1			6.4 CITY	/-ST-2	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 suppliemental 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, with all other like empowered.

FILED Apr 26, 1999 8:00 am Secretary of State

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