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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

H06118 **DOCUMENT #**

NATIONWIDE COMMERCIAL INTERIORS, INC.

Principal Place of Business Mailing Address 4801 WANSLEY DR 4801 WANSLEY DR ORLANDO FL 32812-3809 ORLANDO FL 32812-3809 3. Date Incorporated or Qualified 3a. Date of Last Report 06/01/1984 04/20/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2409640 SAME 26 54 me Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 28 Trust Fund Contribution Added to Fees 23 Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 CLARK, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 4801 WANSLEY DR **B3** ORLANDO FL 32812-3807 84 City 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 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, typed or printed name of registered agent, and title diapplicable (NOTE: Registered Agent agreture required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition 1. 1 TITLE TIFLE CLARK, RICHARD H. 1.2 NAME NAME **4801 WANSLEY DRIVE** 1.3 STREET ADDRESS STREET ADDRESS **ORLANDO FL** 1.4 CITY-ST-ZIP CHY-SI-ZIP DELETE Change Addition 2 1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 24 CITY-ST-ZIP CHY-ST-ZIP ■ Addition DELETE 3.1 TITUE TillE 3.2 NAME 3.3 STREET ADDRESS STHEET ADDRESS 3 4 CITY - ST - ZIP CHTY-ST-ZIP DELETE ■ Addition 4. 1 TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS C(1) - S1 - Z(F) 4.4 CITY-ST-ZIP DELETE ☐ Change Addition 5 1 TITLE THEF NAMe 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-S1-ZIP 54 CITY-ST-ZIP DELETE Change Addition THEF 6 1 TITLE NAME: 62 NAME STREET ADDRESS **63 STREET ADDRESS** 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)(k), 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 on an attachment with an address.

SIGNATURE: R. H. CIARIC CEU 1-14-96
SIGNATURE AND TYPED OR PROVIED NAME OF BIGNING OFFICER OR DIRECTOR DOISE

CR2E034 (12/95)