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

NAME

STREET ADDRESS

14. Thereby certify that the information indicated on this annual report or strong officer or director of the convorational block 12 or Block 13 if charged.

FILED PROFIT Apr 23 1998 8:00am FLORIDA DEPARTMEN CORPORATION Sandra B. Mor ANNUAL REPORT Secretary of State Secretary of St 1998 DIVISION OF CORPORATIONS DOCUMENT # (5)H07688 **REX NICHOLS INTERIORS. INC.** Principal Place of Business Mailing Address 2499 GLADES RD #112 2499 GLADES RD #112 **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/13/1984 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2436730 26 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 23 Trust Fund Contribution 28 Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes □ No 30 Personal Property Tax due June 30. 29 , Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 NICHOLS, REX 2499 GLADES RD #112 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 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) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE DP ___ Addition TITLE 1.1 TITLE NICHOLS, REX WICHOLS, REX NAME 1.2 NAME 2499 GLÁDES ROAD #112 4400 N.FEDERAL HWY.,#307 --STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** BOOA RATON, FL 33431 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 2.1 TITLE Addition STREET ADORESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

upplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information upplemental 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 first the receiver of trustoe empoyered prescute his report as required by Chapter 607, Florida Statutes; and that my name appears in

17/48

561-368-9445