FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE PROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)**DOCUMENT #** H73659 Corporation Name THE INTERIORS GROUP, INC. Mailing Address Principal Place of Business 185 SPANISH RIVER BLVD. #230 185 SPANISH RIVER BLVD. #230 BOCA RATON FL 33431 BOCA RATON FL 33431 3a. Date of Last Report 3. Date Incorporated or Qualified 04/21/1995 08/29/1985 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 59-2572276 26 21 \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #, etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & State City & State  $\Box$ Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199.032, Country  $Z_{\rm IP}$ ☐ Yes ☐ No Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) GOLDBERG, LAWRENCE H. 1630 NORTH FEDERAL HWY 83 FT. LAUDERDALE FL 33305 85 Zip Code 84 City 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. (NDTE: Registered Agant signature required when renshing) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1 1 IIII F TITLE 12 NAME REICH, MICHELLE NAME 1.3 STREET ADDRESS 2240 DATE PALM ROAD STREET ADDRESS 1.4 CITY - ST - 21P **BOCA RATON FL** Addition Change CITY - ST - ZIP DELFTE 2 1 TIFLE TILLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 24 CITY - ST ZIP Addition CITY-ST-ZIP ☐1 Change DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CHY - ST-ZIP CITY - ST-ZIP Change ☐ Addition DELETE 4.1 THE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CiTY - ST - ZIP CITY-ST-7IP Change ☐ Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CHY-ST-ZIP CITY-ST-ZiP Change Addition DELETE 6 1 TITLE TITLE

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 logal effect as if made under cath; 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 cath; 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 arachment with an address. appears in Block 12 or

6.3 STREET ADDRESS

6 4 CITY - ST - ZIF

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Palmer-Reich, President

(407) 394-9172

CR2E034 (12/95