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PROFIT

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Apr 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT #** H78466 **BOCA RATON INTERIORS, INC.** Principal Place of Business Mailing Address 2854 N FEDERAL HWY 2854 N FEDERAL HWY **BOCA RATON FL 33431 BOCA RATON FL 33431** DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 10/01/1985 2. Principal Place of Business 2a. Mailing Address Applied For 59-1674886 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes ☐ No 25 29 24 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PITTENGER, ROBERT 2854 N FEDERAL HWY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33431** 84 City Zip Code 85 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. Floreby accept the appointment as registered agent. Lamifacultation with, and accept in obligations of Section 607.6505. Florida Statutes.

SIGNATURE 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE Addition TITLE PETTINGER, ROBERT 1.2 NAME NAME 2854 N FEDERAL HWY 1.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP City - St - ZiP DELFTE Change ___ Addition FITLE 3.1 THLE 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS 3 4 CITY-S1-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4 1 TIBLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIF DELETE Change Addition TITLE 5.1 7(TLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-7IP CITY-ST-ZIP Change DELETE Addition THILE 6.1 THLE NAME STREET ADDRESS 63 STREET ADDRESS 64 CITY-ST-ZIP 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 receiver or trusted 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, ar on an attachment with an address.

FLORIDA DEPARTMENT OF STATE

FILED

561-391-3617