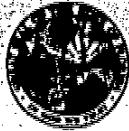


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -6 AM 9:47

DOCUMENT # H95143 (4)

1. Corporation Name

INTERIOR DESIGNS BY SCHIFF AND ASSOCIATES CO.

Principal Place of Business

**8532 NORTHWEST 80TH STREET
TAMARAC FL 33321**

Mailing Address

**230 S MILITARY TRAIL
DEERFIELD BEACH FL 33442
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1986

3a. Date of Last Report

04/19/1994

4. FEI Number

59-2628618

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 230 S Military Trail

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

23 DEERFIELD BEACH FL

Zip

24 33442

Country

25 BROWARD

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SCHIFF, BURTON
8532 N.W. 80TH STREET
TAMARAC FL 33321**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

879 AUGUSTA PINKE DRIVE

83

84 City

PALM BEACH GARDENS

FL

85 Zip Code

33418

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DP
SCHIFF, BURTON
8532 N.W. 80TH STREET
TAMARAC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
SCHIFF, CHARLOTTE
8532 N.W. 80TH STREET
TAMARAC FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
**879 AUGUSTA PINKE DRIVE
PALM BEACH GARDENS FL 33418**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
**879 AUGUSTA PINKE DRIVE
PALM BEACH GARDENS FL 33418**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Burton Schiff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/95
DATE

Signature Number