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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

J23286

(4)

DESIGN FURNISHINGS, INC.

4:12-96-B 3562 siness Mailing Address

Principal Place of Business

DOCUMENT #

1. Corporation Name

2500 DINNEEN AVE. SUTE B

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ORLANDO	FL 32804	ORLANDO FL 32904				
					3. Date Incorporated or Qualified 07/09/1986	3a. Date of Last Report 01/31/1995
	cipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26 Suite, Apt. #, etc.		26			59-2693741	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Orty & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζp	Country	Zip	Co	untry	8. This corporation has liability for in	
24	25	29	30		Florida Statutes 🗶 Yes	
	g. Name and Address of Curre	nt Registered Agent		 	10. Name and Address of New R	agistered Agent
				81 Name		
SIMMONS, LARRY				82 Street Addre	ess (P.O. Box Number is Not Acceptable	e)
	Rosë Hill drivë NDO Fl 32818			2500	Dinneen Ave Suit	е В
0				84 City		85 Zip Code
				0.10	ndo	FL
11. Pursuant or registe	to the provisions of Sections 607.050 red agent, or both, in the State of Flor	2 and 607.1508, Florida Statu ida. Such change was authori	tes, the ab zed by the	ove named corpora corporation's boars	ntion submits this statement for the purp of of directors. Thereby accept the appo	nage of changing its registered office.
familiär w	ith, and accept the obligations of, Sec	bon 607.0505, Florida Statute	s.		and the desire that the same	menone as registered agent. Feath
SIGNATURE	Signature typed or professional or regulation agen	tan utticza; pra 6 (N	TE Rigeria	o Apert signs fore requires	William Constitutes	DATE
		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	
TITLE	PD ANALONIO LA POV	□ DELETE		TITLE		Change Addition
NAME	SIMMONS, LARRY			KAME		
STREET ADDRESS	8838 ROSE HILL DRIVE.			STREET ADDRESS		
CITY - ST - ZiP TITLE	ORLANDO FL	☐ DELETE		TITY - ST - ZIP		
NAME	}		22'	THE		Change Addition
STREET ADDRESS				STREET ADORESS		
CITY - ST - ZiP				CITY-ST-ZIF		
TITLE	☐ DELFTE			TITLE		Change Addition
NAME			321	IAME		
STREET ADDRESS			3 3	STREET ADDRESS		
CITY+S!-ZiP			340	CITY - ST - ZIP		
TITLE		☐ DELETE	4 1	TITLE		Change Addition
NAME			421	IAME		
STREET ADDRESS			433	STREET ADDRESS		
CITY-S1-7/P		···	44(CITY - ST - ZIP		
TIFLE	DELETE 5.1 TUL				Change	
NAME				IAME		
STREET ADDRESS				STREET ADOR ISS		
CiTY-ST-ZIP	<u></u>	[] DO 516		CITY-ST-ZIP		
TITLE		DELETE		TITLE		Change Addition
NAME STOCK & ADDOLOGO				IAME		
STREET ADDRESS				SERRET ADDRESS		
CITY - ST - ZIP	y certify that the information supplied	with this filed is voluntarily for		CiTY-ST-ZIP	or the exemption stated in Section 119.0	27/39/kt Florida Statutos I further

receitly that the information indicated on the 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1 3-28-26 407-294-0507