FILE NOW: FILING FEE AFTER MAY 1 IS \$550.0

May 02 1997 8:00am **PROFIT** FLORIDA DEPARTMENT (STATE CORPORATION Sandra B. Morthn ANNUAL REPORT Secretary of State Secretary of Stat DIVISION OF CORPOR ONS 1997 DOCUMENT # J75120 G.G. HARRISON INTERIORS, INC. Principal Place of Business Mailing Address 3080 NORTHWEST 99TH AVE. 3080 NORTHWEST 99TH AVE. SUITE 204 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4038 3s. Date of Last Report 3. Date Incorporated or Qualified 05/01/1996 05/29/1987 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable 59-2826543 26 \$8.75 Additional Suite, Apr. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 28 This corporation has liability for intangible tax under s. 199.032, $Z\Phi$ Country Zip S try Yes Yes □ No Florida Statutes 24 25 29 80 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HARRISON, DAVID B., M.D. 3080 N.W. 99TH AVE., STE. 204 Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 Zip Code 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the pove-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 if an infamiliar with, and accept the obligations of, Section 607.0505, Florida States. SIGNATURE (NOTE: Registerd Agent signature required when reinstating) Signature, typind or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13. larrison, Gladys G. PD DELETE THILE 11116 HARRISON, GLADYS G. 060 NW 10/ST DIVE NAME 3080 N.W. 99TH AVE 1.1 SPECT ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 1. CTY-ST-ZIP CHY-SI-ZIP ___ Addition DELETE TITLE 21 THE TAMISON, DAVID B HARRISON, DAVID B. NAME 22 NAME 4060 NW 10/ST DINE 3080 N.W. 99TH AVE 23 SPREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 2 4 DTY - ST-ZID CH1Y - \$1 - 7/P Addition DELETE 3 1 MILE SD TITLE BRETOS, MARGARITA NAME 32 NAME 3080 N.W. 99TH AVE JUSTREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 3.4. CITY - ST-ZIP CITY-ST-ZIF Change Addition DELETE TD TITLE MALO, GLADYS NAME 4 2NAME 3080 N.W. 99TH AVE 4.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL** 4.4 CITY - ST- ZIP CHY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADORESS SURFEL ADDRESS 5.4 CITY - ST - ZIP City - St - ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADORESS** STREET ADDRESS 64 CITY-ST-ZIP 14. I do hereby 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 or an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name சக்காநாகர் கள்ள பா செர்கர் பாத்திரி, ஈனர்கள் கள்ளது. பயர்கள் சோழ் யாட்டிர் கேர்கள் accurate and that my signature shall have the same legal effect as if made under oath; that execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 SIGNATURE:

FILED