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PROFIT. CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K55077

JANE GORTZ INTERIORS, INC.

Principal Place of Business Mailing Address

FILED Mar 06 1998 8:00am Secretary of State



6749 GIRALDA CIR. 6749 GIRALDA CIR **BOCA RATON FL 33433 BOCA RATON FL 33433** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/29/1988 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 65-0088743 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. 8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees Country Zip Zip 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 学生 GORTZ, ALBERT W. 2255 GLADES ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 340W 83 **BOCA RATON FL 33431** 84 City Zip Code 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS DELFTE 1.1 TITLE TITLE DPS NAME GORTZ, JANE 1.2 NAME 6749 GIRALDA CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY - \$1 - 2IP 1.4 CITY - ST-ZIP DELETE 2 1 TITLE TITLE GORTZ, JANE 2.2 NAME NAME STREET ADDRESS **6749 GIRALDA CIRCLE** 23 STREET ADDRESS **BOCA RATON FL K** 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3 1 TITLE NAME 3 2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3 4. CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 61 TITLE 6.2 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby certify that the information supplied with this filting 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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.

2/27/98

SIGNATURE: