SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L56320 (9)

1. Corporation Name

TIMELESS INTERIORS, INC.

Principal Place of Business	Mailing Address
36 NORTH WOODS LANE THE BARRISTERS BLDG.,1615 FORUM PL.#500 BOYNTON BEACH FL 33436 US	36 NORTH WOODS LANE THE BARRISTERS BLDG.,1615 FORUM PL.#500 BOYNTON BEACH FL 33436 US

3. Date Incorporated or Qualified	**3a.** Date of Last Report
03/07/1990	05/01/1995

2. Principal Place of Business	**2a.** Mailing Address
21	26
Suite, Apt. #. etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25	Zip 29	Country 30

4. FEI Number **59-1916925** — 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

9. Name and Address of Current Registered Agent	**10.** Name and Address of New Registered Agent
LEVY, GILBERT 36 NORTH WOODS LANE THE BARRISTERS BLDG. BOYNTON BEACH FL 33436	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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. 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		**13.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **D** ☐ DELETE	NAME **LEVY, PHYLLIS C.**	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS **36 NORTHWOODS LANE**	CITY-ST-ZIP **BOYNTON BEACH FL**		
TITLE **D** ☐ DELETE	NAME **LEVY, GILBERT**	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS **36 NORTHWOODS LANE**	CITY-ST-ZIP **BOYNTON BEACH FL**		
TITLE **D** ☐ DELETE	NAME **KATZ, FRAN**	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS **10817 CAMBAY CIRCLE**	CITY-ST-ZIP **BOYNTON BEACH FL**		
TITLE **D** ☐ DELETE	NAME **BROOKS, JILL**	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS **43 PARK PLACE**	CITY-ST-ZIP **NEW CANAAN CN**		
TITLE ☐ DELETE	NAME	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP		
TITLE ☐ DELETE	NAME	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: _Authersigny_ GILBERT LEVY 7-16-96 561-736-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #