FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** M30116 (1)LOTTIE SIMS INTERIORS, INC. Principal Place of Business Mailing Address 17798 HEATHER RIDGE LANE 17798 HEATHER RIDGE LANE **BOCA RATON FL 33498-6422 BOCA RATON FL 33498-6422** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/08/1986 06/23/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2660108 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Γ 1 28 Trust Fund Contribution Added to Fees Ζip Country Zip Country 8. This corporation has liability for intangible tax under s 199.032, 25 29 30 Yes No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ZUCKER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 4720 NW BOCA RATON BLVD. SUITE D105 83 **BOCA RATON FL 33432** 84 City Zip Code 85 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, typied or printed name of regis ered agent and little if applicable (NOTE: Registered Agent signature required when reinstating CR2E034 (12/95) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DP DELETE 1. 1 TITLE ☐ Change Addition SIMS, LOTTIE 1.2 NAME 17798 HEATHER RIDGE LN STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CHTY-ST-ZIP 1.4 CITY-ST-ZIP ☐ DELETE 2 1 TITLE Addition Change 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - S1 - ZIP 24 CITY-ST-ZIP DELETE Change 3 1 TITLE ☐ Addition 32 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3 4 CITY-ST-ZIP DELETE 4.1 TITLE ☐ Change ☐ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP

64 CITY-ST-ZIP 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 cath; 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 oath; that I am an officer or director appears in Block 12 or Block 13/II

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5 1 TITLE

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DELETE

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SIGNATURE: 🐼

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CITY - ST- ZIP

CITY-ST-ZIP

LOTTIE SIONS Q 4-22-96
Date Date

Change

☐ Change

Addition

☐ Addition