FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 18 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M48133** **(6)**

1. Corporation Name
JOHN F. DOUGHERTY INTERIORS, INCORPORATED

Principal Place of Business	Mailing Address
C/O SAMUEL SPENCER BLUM ~~2665 S BAYSHORE DR, STE 406~~ COCONUT GROVE FL 33133	C/O SAMUEL SPENCER BLUM ~~2665 S BAYSHORE DR, STE 406~~ COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1987
3a. Date of Last Report: 04/28/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 2666 TIGERTAIL AVE #106	Suite, Apt. #, etc. 27 2666 TIGERTAIL AVE #106
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 59-2788218 ☐ 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 § 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BLUM, SAMUEL SPENCER, ESQ. ~~2665 S BAYSHORE DR, STE 406~~ COCONUT GROVE FL 33133	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 2666 TIGERTAIL AVE #106 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 the 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 (Appointed Agent's Signature Required for Appointment as the Registered Agent) (New Registered Agent's Signature Required when Applicable) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 14
TITLE	D	13.1 TITLE ☐ Change ☐ Addition
NAME	DOUGHERTY, JOHN F.	13.2 NAME
STREET ADDRESS	~~2665 S BAYSHORE DR #406~~	13.3 STREET ADDRESS: 2666 TIGERTAIL AVE #106
CITY, ST, ZIP	COCONUT GROVE FL	13.4 CITY, ST, ZIP: 33133
TITLE		13.1 TITLE ☐ Change ☐ Addition
NAME		13.2 NAME
STREET ADDRESS		13.3 STREET ADDRESS
CITY, ST, ZIP		13.4 CITY, ST, ZIP
TITLE		14.1 TITLE ☐ Change ☐ Addition
NAME		14.2 NAME
STREET ADDRESS		14.3 STREET ADDRESS
CITY, ST, ZIP		14.4 CITY, ST, ZIP
TITLE		15.1 TITLE ☐ Change ☐ Addition
NAME		15.2 NAME
STREET ADDRESS		15.3 STREET ADDRESS
CITY, ST, ZIP		15.4 CITY, ST, ZIP
TITLE		16.1 TITLE ☐ Change ☐ Addition
NAME		16.2 NAME
STREET ADDRESS		16.3 STREET ADDRESS
CITY, ST, ZIP		16.4 CITY, ST, ZIP

14. I/We 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)(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 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.

(207)

SIGNATURE: John F. Dougherty JOHN F. DOUGHERTY Apr. 4 '95 7346741
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0134127 CP