

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000006672 (8)**

1. Corporation Name  
**SUSAN KNIGHT INTERIORS, INC.**



Principal Place of Business  
**2733 NE 21ST STREET  
FT. LAUDERDALE FL 33306**

Mailing Address  
**C/O 1189 SOUTH FEDERAL HIGHWAY  
DEERFIELD BEACH FL 33441  
US**

3. Date Incorporated or Qualified **01/25/1993** 3a. Date of Last Report **04/17/1995**

4. FEI Number **65-0388961** 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

10. Name and Address of New Registered Agent

2. Principal Place of Business  
21 **8110 FALLS LANE**  
Subst., Apt. #, etc.  
22  
City & State  
23 **PARKLAND, FL**  
Zip Country  
24 **33067** 25 **USA** 29 Zip Country  
30

2a. Mailing Address  
26  
State, Apt. #, etc.  
27  
City & State  
28

9. Name and Address of Current Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

**SUSAN KNIGHT**  
**2733 NE 21ST STREET**  
**SUITE 101x**  
**FT. LAUDERDALE, FL 33306x**

**8110 FALLS LANE**  
**PARKLAND, FL 33067**

11. Pursuant to the provisions of Sections 607.0702 and 607.3508, 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 607.0705, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>KNIGHT, SUSAN</b> <b>2733 NE 21ST STREET</b> <b>FT LAUDERDALE FL</b>	1. TITLE 12 NAME 13 STREET ADDRESS 14 CITY- ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8110 FALLS LANE</b> <b>PARKLAND, FL 33067</b>
2. TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2. TITLE 23 NAME 24 STREET ADDRESS 24 CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> DELETE	3. TITLE 32 NAME 33 STREET ADDRESS 34 CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> DELETE	4. TITLE 42 NAME 43 STREET ADDRESS 44 CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> DELETE	5. TITLE 52 NAME 53 STREET ADDRESS 54 CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE NAME STREET ADDRESS CITY- ST-ZIP	<input type="checkbox"/> DELETE	6. TITLE 62 NAME 63 STREET ADDRESS 64 CITY- ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 199.07(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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Susan Knight* **SUSAN KNIGHT** **03/15/96** **(954) 340-2090**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)