

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

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000011472 (6) 1. Corporation Name SOUTHERN COMFORT INTERIORS, INC.
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Principal Place of Business 20840 SAN SIMEON WAY NORTH MIAMI BEACH FL 33179	Mailing Address 20840 SAN SIMEON WAY NORTH MIAMI BEACH FL 33179
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/15/1993		3a. Date of Last Report 07/21/1994	
4. FEI Number 65-0391183		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			

2. Principal Place of Business 21 1831 NE 185 St Suite, Apt. #, etc. 22 # City & State 23 MIAMI, FL Zip 24 33179		2a. Mailing Address 26 1831 NE 185 St Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33179 Country 25 N. MIAMI BEACH 30 N. MIAMI BEACH	
9. Name and Address of Current Registered Agent DRUCKER, A. NORMAN 801 NE 187TH STREET SUITE 308 NORTH MIAMI BEACH FL 33162		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSID	1.1 TITLE	☐ Change ☐ Addition
NAME	ALIPOUR, KOUROSH	1.2 NAME	
STREET ADDRESS	20840 SAN SIMEON WAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	N MIAMI BEACH FL 33179	1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 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.

SIGNATURE: Kouros Alipour Kouros Alipour 3/25/95 651-2760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature 11/2/94 #