

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000011472 (6)

1. Corporation Name

SOUTHERN COMFORT INTERIORS, INC.

Principal Place of Business

1831 NE 185 STREET
MIAMI FL 33179
US

Mailing Address

1831 NE 185 STREET
MIAMI FL 33179
US



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

3. Date Incorporated or Qualified	3a. Date of Last Report
02/15/1993	04/20/1995
4. FEI Number	Applied For Not Applicable
65-0391183	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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	Same
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

Kourosh Alipour

(If Not Registered Agent sign at or nearest where filing)

4/15/1996

DATE

12. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

ALIPOUR, KOUROSH
481 Ives Dairy Rd 405D
N. MIAMI, FL 33179

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:

Kourosh Alipour
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/96

305) 651-2760
Daytime Phone #

CR2E034 (12/95)