SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 25 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000023845 (9)**

1. Corporation Name
ASHLYN INTERIORS, INC.

Principal Place of Business	Mailing Address
11430 SHADY LANE PLANTATION FL 33325	11430 SHADY LANE PLANTATION FL 33325

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/29/1993
3a. Date of Last Report: 06/17/1994

2. Principal Place of Business
21 1926 NAPOLEON AVE
Suite, Apt. #, etc. 22
City & State 23 NEW ORLEANS, LA.
Zip 24 70115 Country 25 USA

2a. Mailing Address
26 1926 NAPOLEON AVE
Suite, Apt. #, etc. 27
City & State 28 NEW ORLEANS, LA.
Zip 29 70115 Country 30 USA

4. FEI Number: 65-0413540 ☐ 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

9. Name and Address of Current Registered Agent

MON, ASHLEY L
11430 SHADY LANE
PLANTATION FL 33325

10. Name and Address of New Registered Agent

81 Name: CATHERINE C. FOREMAN
82 Street Address (P.O. Box Number is Not Acceptable): 7211 W. CYPRESS HEAD DR
83
84 City: PARKLAND FL 85 Zip Code: 33067

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: Catherine C. Foreman — DATE: 6-29-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Use Block 13)	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MON, ASHLEY L	12 NAME	
STREET ADDRESS	11430 SHADY LANE	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	MON, GLENN	22 NAME	
STREET ADDRESS	11430 SHADY LANE	23 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Ashley L. Mon — 6-22-95 — 504-899-5325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ASHLEY L. MON

0002140 CP