SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000078790 (1)

DESIGN GALLERIES OF HERITAGE HOUSE, INC.

	,		
Principal Place of Business	Mailing Address		
711 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301 US	711 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301		

FILED Sep 19 1997 8:00am Secretary of State



711 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301 US		711 EAST LAS OLAS BOULEVARD FORT LAUDERDALE FL 33301 US		DO NOT WRITE			
					3. Date incorporated or Qualified	3a. Date of Last Report	
O Drive in al Di	land of Durings				11/16/1993	05/01/1996	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21 26				65-0463672	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Z ip	Country	Zip	Country		8. This corporation owes or has pai		
24	25	29	30		Personal Property Tax due June 30. Yes No		
	9. Name and Address of Curren	I Registered Agent			10. Name and Address of New Re	gistered Agent	
BAF	RNETT, BONNIE		8	1 Name			
	441 N.E. 4TH AVENUE			2 Street Add	Iress (P.O. Box Number is Not Acceptab	(6)	
FT (LAUDERDALE FL 33301		[- 00017100	Dox Hornbar to Hot Accopiate		
			8	3			
			8	4 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							
	Signature, typed or printed name of registered age			gent signature requi	ired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	The second secon	
TITLE	DPS	☐ DELETE	1.1 117(6			☐ Change ☐ Addition	
NAME	BARNETT, BONNIE		1.2 NAM			[3	
STREET ADDRESS	, — — — —			E1 ADDRESS		اِ	
CITY-ST-ZIP			1.4 CITY				
TITLE	DVPT	☐ DELETE	2.1 TITLE	1		Change	
NAME	KAGAN, ROBERT		2.2 NAM				
STREET ADDRESS			2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL	The leve		-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE			Change Addition	
NAME			3.2 NAM				
STREET ADDRESS			3.3 STRE	e1 Address			
CITY-ST-ZIP		Decem	3.4. CITY				
TITLE		☐ DELETE	4.1 THTLE			Change Addition	
NAME			4, 2 NAV			ľ	
STREET ADDRESS			4.3 STRE	ET ADDRESS			
CITY-ST-ZIP			4.4 CITY				
TITLE		☐ DELETE	5.1 TITLE			Change Addition	
NAME			5.2 NAM				
STREET ADDRESS			5.3 STRE	ET AODRESS			
CITY-ST-ZIP			5.4 CITY	-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAM				
STREET ADORESS			6.3 STRE	et address			
CITY-ST-ZIP			64 CITY	ST-ZIP			

14. I do hereby certify that the information supplied with this filing 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 of justee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attack ment with an address.