FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000041450 (5)**

1. Corporation Name
AT HOME INTERIOR'S, INC.

Principal Place of Business
~~4691 UNIVERSITY DR~~
~~SUITE 408~~
~~CORAL SPRINGS FL 33076~~
~~US~~

Mailing Address
~~4949 N.W. 106HT AVENUE~~
~~CORAL SPRINGS FL 33076~~

3. Date Incorporated or Qualified: **05/31/1994**
3a. Date of Last Report: **04/19/1995**

4. FEI Number: **65-0496263** ☐ Applied For ☐ Not Applicable

5. Consideration 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 4613 UNIVERSITY DR
22
23 CORAL SPRINGS, FL
24 33067 25 BROWARD

2a. Mailing Address
26 4613 UNIVERSITY DR
27
28 CORAL SPRINGS FL
29 33067 30 BROWARD

9. Name and Address of Current Registered Agent

~~LAVELANET, RUDY~~
~~4949 N.W. 106HT AVENUE~~ 4613 UNIVERSITY DR
~~CORAL SPRINGS FL 33076~~ CORAL SPRINGS, FL 33067

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 4613 UNIVERSITY DR.
83
84 City: CORAL SPRINGS 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 _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVELANET, RUDY 4949 N.W. 106HT AVENUE CORAL SPRINGS FL 33076 ☐ DELETE	1 TITLE / 2 NAME / 3 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVELANET, CARRIE 4949 N.W. 106HT AVENUE CORAL SPRINGS FL 33076 ☐ DELETE	7 TITLE / 8 NAME / 9 STREET ADDRESS / 10 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	13 TITLE / 14 NAME / 15 STREET ADDRESS / 16 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	19 TITLE / 20 NAME / 21 STREET ADDRESS / 22 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	25 TITLE / 26 NAME / 27 STREET ADDRESS / 28 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this report is voluntarily furnished and 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 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 business entity required to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, added, or deleted.

SIGNATURE: _____ 4/5/96 954-349-5171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #