SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:29

DOCUMENT # P94000058764 (9)

1. Corporation Name
STORE FIXTURE INSTALLATIONS, INC.

Principal Place of Business	Mailing Address
3021 OAK AVE. 7 COCONUT GROVE FL 33133	3021 OAK AVE. 7 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/05/1994
3a. Date of Last Report:
4. FEI Number: 65-052-8167 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 2801 Ponce de Leon Blvd.	28 2801 Ponce de Leon Blvd.
Suite, Apt. #, etc 22 #1140	Suite, Apt. #, etc 27 #1140
City & State 23 Coral Gables, FL	City & State 28 Coral Gables, FL
Zip 24 33134 County 25	Zip 29 33134 County 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$5.00** May Be Added to Fees
8. This corporation was formerly an exempt entity under s. 199.023, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MEASON, JOY C 1895 ESPANOLA DR COCONUT GROVE FL 33133	81 Name: Robert Scal 82 Street Address (P.O. Box Number is Not Acceptable): 2801 Ponce De Leon Blvd. 83 84 City: Coral Gables FL 85 Zip Code: 33134

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: X [illegible] DATE
(Typed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES AND DELETIONS	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Robert Scal	12 NAME	
STREET ADDRESS	2801 Ponce de Leon Blvd.	13 STREET ADDRESS	
CITY ST ZIP	Coral Gables, FL 33134	14 CITY ST ZIP	
TITLE	C.O.B.	21 TITLE	☐ Change ☐ Addition
NAME	John F. Crume	22 NAME	
STREET ADDRESS	2801 Ponce de Leon Blvd.	23 STREET ADDRESS	
CITY ST ZIP	Coral Gables, FL 33134	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	

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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)(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 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: X [illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000697 CP