SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLV)D, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE PROF#T CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000083119 (5) POWELL'S INTERIORS, INC. Mailing Address Principal Place of Business 6601 LYONS ROAD 6601 LYONS ROAD SUITE C4 SUITE C4 3a. Date of Last Report COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 3. Date Incorporated or Qualified 11/15/1994 06/13/1995 Applied For 4. FEI Number Mailing Address Principal Place of Business Not Applicable 65-0542712 26 21 \$8.75 Additional Suite. Apt. #, etc. 5. Certificate of Status Desired Suite, Apt. #. etc. Fee Required 27 22 \$5.00 May Be 6. Election Campaign Financing City & Stale City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Zip Zip Country Yes No Florida Statutes 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 THURSTON, PERRY E Street Address (P.O. Box Number is Not Acceptable) 82 2480 N ANDREWS AVE FT LAUDERDALE FL 33311 83 Zip Code 65 84 City 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Stgriature, typed or praired can elof registe est agesti and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8) OFFICERS AND DIRECTORS 13. 12. Change Addition DELFTE 11 TUTLE **PSTD** TITLE CR2E034 1.2 NAME NAME POWELL, ARZELL H 13 STREET ADDRESS 6601 LYONS ROAD STREET ADDRESS 1 4 CITY - ST - ZIP **COCONUT CREEK FL 33073** CITY-ST-ZIP Change Addition DELETE 2.1 THE TITLE 2.2 NAME NAME 2.3 STREET ADORESS STREET ADDRESS 2 4 City - ST-ZIP Change Addition CITY - ST - ZIP DELETE 3 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 41 TIFLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

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 1 further certify that the information indicated on this aphual report or supplemental admual report is true and accurate and that my signature shall have the same legal effect as if made under earth, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or min an attachment with an address. - 64 CITY - ST - ZIP

5 4 CITY - ST - ZIP

6.3 STREET ADDRESS

6 1 THILE !

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNING OFFICER OF DIRECTOR

DELETE

\*\*\*225.00

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Addition

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