**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 # **P95000010431 (1)**

1. Corporation Name

**M.R.S. INTERIOR DESIGNS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2875 NE 191 ST<br>SUITE 304<br>AVENTURA FL 33180 | 2875 NE 191 ST<br>SUITE 304<br>AVENTURA FL 33180 |

3. Date Incorporated or Qualified: 02/03/1995

3a. Date of Last Report:

4. FEI Number: 65-0556592 ☐ 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

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 Street, Apt. #, etc.: 8051 West McNab Road | 26 Street, Apt. #, etc.: 8051 West McNab Road |
| 22 | 27 |
| 23 City & State: Tamarac, FL | 28 City & State: Tamarac, FL |
| 24 Zip: 33321 25 Country: Broward | 29 Zip: 33321 30 Country: Broward |

9. Name and Address of Current Registered Agent

**ZEMEL AND KAUFMAN, P.A.**
**2875 NE 191 ST**
**SUITE 304**
**AVENTURA FL 33180**

10. Name and Address of New Registered Agent

81 Name: Marsha P. Cohen
82 Street Address (P.O. Box Number is Not Acceptable): 7850 West McNab Road #314
83
84 City: Tamarac **FL** 85 Zip Code: 33321

11. Pursuant to the provisions of Section(s) 607.0500 and 607.1505, 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: Marsha P. Cohen President DATE: 1/17/96
(If changing Registered Agent, Registered Agent must sign above. If changing Registered Office, Registered Officer must sign above.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | President ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | Marsha P. Cohen | 12 NAME | |
| STREET ADDRESS | 7850 W. McNab Rd. # 314 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | Tamarac, FL 33321 | 14 CITY-ST-ZIP | |
| TITLE | Vice President ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | Suzanne Neville | 22 NAME | |
| STREET ADDRESS | 6701 N. University Dr. #210 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | Tamarac, FL 33321 | 24 CITY-ST-ZIP | |
| TITLE | Secretary/Treasurer ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | Raymond G. Faldetta | 32 NAME | |
| STREET ADDRESS | 4863 NW 94 Terrace | 33 STREET ADDRESS | |
| CITY-ST-ZIP | Sunrise, FL 33351 | 34 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing 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 above, or on an attachment with an address.

**SIGNATURE:** Marsha P. Cohen **Marsha P. Cohen, President 1/17/96 954-726-4758**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number