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 # **P95000011117 (5)**

1. Corporation Name

GOLDLEAF INTERIORS, INC.

Principal Place of Business	Mailing Address
13205 U.S. HWY. 1 SUITE 301 JUNO BEACH FL 33408	13205 U.S. HWY. 1 SUITE 301 JUNO BEACH FL 33408

3. Date Incorporated or Qualified: **02/09/1995** 3a. Date of Last Report:

4. FEI Number: **65-0556979** ☐ 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 Suite, Apt. #, etc.: 7100 Fairway Drive	26 Suite, Apt. #, etc.: 7100 Fairway Drive
22 City & State: Suites 48-49	27 City & State: Suites 48-49
23 Zip / Country: Palm Bch. Gardens, FL	28 Zip / Country: Palm Bch. Gardens, FL
24 33418 / 25 Palm Beach	29 33418 / 30 Palm Beach

9. Name and Address of Current Registered Agent

WIENER, DAVID J ESQ.
LEVY, KNEEN, MARIANI, ET AL
1400 CENTREPARK BLVD., SUITE 1000
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PLASENCIA, ZWMMY J 6093 HOLLYWOOD ST. PALM BEACH GARDENS FL 33418	☑ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBUSTELLI, LOU 909 AUGUSTA POINT DR. PALM BEACH GARDENS FL 33418	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETES

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TITLE / 1 2 NAME / 1 3 STREET ADDRESS / 1 4 CITY-ST-ZIP	PRESIDENT TERRY A. ROBUSTELLI 909 Augusta Point DRIVE Palm Beach Gardens, FL 33418	☐ Change ☑ Addition
2 1 TITLE / 2 2 NAME / 2 3 STREET ADDRESS / 2 4 CITY-ST-ZIP		☐ Change ☐ Addition
3 1 TITLE / 3 2 NAME / 3 3 STREET ADDRESS / 3 4 CITY-ST-ZIP		☐ Change ☐ Addition
4 1 TITLE / 4 2 NAME / 4 3 STREET ADDRESS / 4 4 CITY-ST-ZIP		☐ Change ☐ Addition
5 1 TITLE / 5 2 NAME / 5 3 STREET ADDRESS / 5 4 CITY-ST-ZIP		☐ Change ☐ Addition
6 1 TITLE / 6 2 NAME / 6 3 STREET ADDRESS / 6 4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

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 added above.

SIGNATURE: Terry A. Robustelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-96
Date

407-691-1900
Daytime Phone #