


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P95000011117 (5)
1. Corporation Name
GOLDLEAF INTERIORS, INC.

FILED
97 AUG 21 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7100 FAIRWAY DRIVE SUITES 48-49 PALM BCH GARDENS FL 33418 US	Mailing Address 7100 FAIRWAY DRIVE SUITES 48-49 PALM BCH GARDENS FL 33418 US
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/09/1995 3a. Date of Last Report 04/02/1996 4. FEI Number 65-0556979 5. Certificate of Status Desired 8. Election Campaign Financing Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees Yes No
---	--	--	--

9. Name and Address of Current Registered Agent WIENER, DAVID J ESQ. LEVY, KNEEN, MARIANI, ET AL 1400 CENTRE PARK BLVD., SUITE 1000 W. PALM BEACH FL 33401	10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 83 1200 SOUTH PINE ISLAND RD. 84 City PLANTATION 85 Zip Code FL 33324
--	---

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 By: *Kathy D. Gilbert* C T Corporation System
8/20/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P LEE ROBUSTEUI, TERRY A 909 AUGUSTA POINT DRIVE PALM BCH GARDENS FL DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP P ROBUSTELLI, TERRY A 909 AUGUSTA POINT DRIVE. PALM BCH GARDENS FL. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D ROBUSTELLI, LOU 909 AUGUSTA POINT DR. PALM BEACH GARDENS FL 33418 DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 800002274938 -08/22/97--01077--004 ***550.00 ***550.00 Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP Change Addition

14. I do hereby certify that the information supplied with this filing 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: *Kathy D. Gilbert* 8/19/97

CR2E034 (4/97)