

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P95000034499 (0)**  
1. Corporation Name

**MICHAEL FOLEY INTERIORS INC.**



Principal Place of Business: **130 NORTH SWINTON AVENUE- DELRAY BEACH FL 33444**  
Mailing Address: **130 NORTH SWINTON AVENUE- DELRAY BEACH FL 33444**

3. Date Incorporated or Qualified: **04/27/1995**  
3a. Date of Last Report: [Blank]  
4. FEI Number: **65-0580645**  
Applied For: [Blank] / 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  
21. **525 N. OCEAN BLVD**  
22. Suite, Apt #, etc: **PH1921**  
23. City & State: **POMPANO BEACH**  
24. Zip: **FL** 25. Country: **33062**  
2a. Mailing Address  
26. **525 N. OCEAN BLVD**  
27. Suite, Apt #, etc: **PH 1921**  
28. City & State: **POMPANO BEACH**  
29. Zip: **FL** 30. Country: **33062**

9. Name and Address of Current Registered Agent  
**SIMMS, R J**  
**100 NORTH SWINTON AVENUE**  
**DELRAY BEACH FL 33444**

10. Name and Address of New Registered Agent  
81. Name: **RJ SIMMS**  
82. Street Address (P.O. Box Number is Not Acceptable): **96 INTERNATIONAL ACCOUNTING GROUP INC.**  
83. **1201 GEORGE BUSH BLVD**  
84. City: **DELRAY BEACH,** 85. Zip Code: **FL 33483**

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. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes.  
**RJ Simms** **RJ Simms** **8/4/96**

SIGNATURE: [Signature] [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS  
TITLE: **PRESIDENT** [ ] DELETE  
NAME: **MICHAEL FOLEY**  
STREET ADDRESS: **525 N. OCEAN BLVD, STE PH1921**  
CITY - ST - ZIP: **POMPANO BEACH, FL 33062**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11. TITLE: [ ] Change [ ] Addition  
12. NAME: [ ] Change [ ] Addition  
13. STREET ADDRESS: [ ] Change [ ] Addition  
14. CITY - ST - ZIP: [ ] Change [ ] Addition  
21. TITLE: [ ] Change [ ] Addition  
22. NAME: [ ] Change [ ] Addition  
23. STREET ADDRESS: [ ] Change [ ] Addition  
24. CITY - ST - ZIP: [ ] Change [ ] Addition  
31. TITLE: [ ] Change [ ] Addition  
32. NAME: [ ] Change [ ] Addition  
33. STREET ADDRESS: [ ] Change [ ] Addition  
34. CITY - ST - ZIP: [ ] Change [ ] Addition  
41. TITLE: [ ] Change [ ] Addition  
42. NAME: [ ] Change [ ] Addition  
43. STREET ADDRESS: [ ] Change [ ] Addition  
44. CITY - ST - ZIP: [ ] Change [ ] Addition  
51. TITLE: [ ] Change [ ] Addition  
52. NAME: [ ] Change [ ] Addition  
53. STREET ADDRESS: [ ] Change [ ] Addition  
54. CITY - ST - ZIP: [ ] Change [ ] Addition  
61. TITLE: [ ] Change [ ] Addition  
62. NAME: [ ] Change [ ] Addition  
63. STREET ADDRESS: [ ] Change [ ] Addition  
64. CITY - ST - ZIP: [ ] Change [ ] Addition

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. 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] **MICHAEL FOLEY** **8/6/96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (3/96)