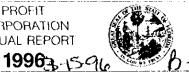
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

2 VISION OF CORPORATIONS C

P95000048385 (5) DOCUMENT # 1. Corporation Name

D & M CUSTOM INTERIORS, INC.

WEST PALM BEACH FL 33412

Principal Place of Business Mailing Address				I 1001/400 JIO 1016/ SILIN OBIN OBIN OBIN OBIN OBIN OBEN INCHE (110) INCH ON 1801		MLAN TEIMT INTOL ASST SKAL	
	H LANE NORTH M BEACH FL 33412		14845 95TH LANE NORTH WEST PALM BEACH FL 33412				
}					3. Date incorporated or Qualified 3a. Date of	Last Report	
					06/19/1995		
2. Principal Flace of Business		2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0601489	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required		
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	ry		8. This corporation has liability for intangible tax under s 199.032,	
24			30	Florida Statutes Yes No			
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent 81 Name			
			*	ii Name	e		
DUNNELL, PAUL C 14845 95TH LANE NORTH			8	82 Street Address (P.O. Box Number is Not Acceptable) 83			
			-				
WEST	PALM BEACH FL 33412		}*	13			
			ε	4 City		85 Zip Code	
					FL		
11. Pursuar	nt to the provisions of Sections 607.0502 tered agent, or both, in the State of Florid	and 607.1508, Florida Statute la. Such change was authorize	es, the above ad by the co	e-named c rooration':	corporation submits this statement for the purpose of chang is board of directors. I hereby accept the appointment as re	ging its registered office distered agent. I am	
familiar	with, and accept the obligations of, Section	on 607.0505, Florida Statutes.					
SIGNATURE							
				gistered Agen't signaline required when reinstating) 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.	OFFICERS AND DIRECTORS [1] DELETE		1 1 III			Change Addition	
TILE	D DANIEL BALL C	□ beccie	1.2 NAM			Change Notition	
NAME	DUNNELL, PAUL C						
STREET ADDRES				EET ADDRESS			
CITY ST ZIP	WEST PALM BEACH FL 33412			-ST-ZIP		Change	
TIFLE	D D	☐ DELETE	2 1 1111			CHRINGE T MORROLL	
NAME	MORGAN, DONALD L		2 2 NAM	-			
STREET ADDRESS	s 14845 95TH LANE NORTH		23 STR	ET ADDRESS	3		

24 CITY-ST-ZIP

3 4 CITY - ST - ZIP

4 3 STREET ADDRESS

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

4 4 CITY - ST - ZIP

3 1 TITLE

3 2 NAME 3 3 STREET ADDRESS

4. 1 TO LE **4.2 NAME**

5 1 TITLE

5.2 NAME

6 1 TITLE

62 NAME 6.3 STREET ADDRESS

64 CITY-ST-ZIP CIFY-S1-ZIP 14. To hereby certify that the information supplied with this fifty 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 of 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 of the receiver trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if charged, or on an introduction of the corporation of the corpor

SIGNATURE:

CHY-ST-ZIP

STREET ADORESS

STREET ADDRESS

CIY-SI-ZP

C(TY - S* - 7)2

STHEE! ADDRESS

CHY SI-70

THLE

NAME

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NAME STREET ADDRESS

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NAME

AME OF SIGNING OFFICER OR DIRECTOR

□ DELETE

DELETE

□ DELETE

□ DELETE

407-7880853

☐ Change

☐ Change

Change

☐ Addition

Addition

☐ Addition

Addition

CR2E034 (12/95)