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 # P95000049630 (3)

SUCCE	ESSORIES FOR THE HOME	E, INC.	•					
Principal Place of Business Mailing Address 5542 SOUTHWEST 28TH TERRACE FORT LAUDERDALE FL 33312 FORT LAUDERDALE FL 33312				Ж		1 IBBATRUA MU TUUR TAAKA OOMI OOMI ORAK OOMI OANG OKKU DAAL OOMI IBBAT 		
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/23/1995		
2. Principal Pla	2a. Mailing Address	fress			4. FEI Number Applied Applied Not Applied			
Suite, Apt. #, etc.		Suite, Apt. #, elc.				5. Certificate of Status Desired [] \$8.75 Additi		
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution S5.00 May Added to Fe		
Zip 4	Zip 29	Country 30			8. This corporation has liability for intangible tax under s 199.03 Florida Statutes X Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	32,		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent		
				81	Name			
PALCZEWSKI, DYAN M 5542 SOUTHWEST 28TH TERRACE				82	Street Addr	ddress (P.O. Box Number is Not Acceptable)		
	AUDERDALE FL 33312			83				
				84	City	FL 85 Zip Code		
or registere familiar witi SIGNATURE	o the provisions of Sections 607,0502 od agent, or both, in the State of Floric h, and accept the obligations of, Section Signature, typed or printed name of registered agent	da. Such change was authorize ion 607.0505, Florida Statutes.	ed by the o	corpo	oration's boar	ration submits this statement for the purpose of changing its registered of directors. I hereby accept the appointment as registered agent.	id office Lam	
	OFFICERS ANI		13.	Age :	it signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	12	
TITLE	POST	DELETE	1 1 1 1	ITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN T		
IAME	PALCZEWSKI, DYAN M	 -		12 NAME				
STREET ADDRESS	5542 SOUTHWEST 28TH TER	RRACE			ADDRESS			
DITY-ST-ZIP	FORT LAUDERDALE FL 3331		1.4 00					
ITLE		☐ DEL£TE	2.1 T	TLE		Change A	ddition	
AME			2.2 NA	ME				
TREET ADDRESS			2351	REET	ADDRESS			
ITY-ST-ZIP			2 4 Ci	TY - 5'	1-21P			
ITLE		☐ DELETE	3 1 7	3 1 TITLE		Change Ac	ddition	
AME			3 2 NA	ME				
TREET ADDRESS					ADDRESS			
TLE		☐ DELETE	3.4 CI		T- ZIP	C) Change C) A	ddilas	
AME		Doctor	1			Change Ac	ddilion	
TREET ADDRESS			4.2 NA		ADDRESS			
ITY-SI-ZIP			4.4 CI					
ILE		☐ DELETE	5 1 TI			Change A	Jd-tion	
AME		_	5.2 NA					
TREET ADDRESS			5 3 ST	REET	ADDRESS			
ITY-ST-ZIP			5400	TY-S1	r-ZiP			
ITLE	:	DELETE	6. 1 TI	TLE		☐ Change ☐ Ac	dition	
AME			6.2 NA	ME				
TREET ADDRESS			6.3 \$1	REET.	address:			
CITY - ST - ZIP			6.4 CI					
 I do hereby certify that 	y certify that the information supplied vi the information indicated on this appli	vith this filing is voluntarily furni ral report or supplemental anni	shed and d al report is	does s tru	not qualify for and accurate	or the exemption stated in Section 119.07(3)(k), Florida Statutes. I fur te and that my signature shall have the same legal effect as if made u	ther Inder	
oath; that f appears in	an an officer or director of the corpo Block 12 or Block 13 if changed, or c	ration or the receiver or trustee	empower	ed to	a execute this	s report as required by Chapter 607, Florida Statutes; and that my na	me	
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF BIGNING OFFICE	OR DIRECT	OR		Dare Dayline Prone #		