FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE . PROFIT CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT DIVISION OF CORPORATIONS 1996 DOCUMENT # P95000082412 (4) 1. Corporation Name SCHULMAN & GILDEN DESIGN GROUP, INC. Mailing Address Principal Place of Business % RONI GILDEN % RONI GILDEN 1326 GINGER CIRCLE 1326 GINGER CIRCLE 3. Date Incorporated or Qualified 3a. Date of Last Report FT. LAUDERDALE, FL. FT. LAUDERDALE, FL. 33326 10/24/95 33326 Applied For 4. FEI Number 65-0625602 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 \$8.75 Additional \Box Suite, Apt. #, etc 5. Certificate of Status Desireo Fee Required Suite, Apt. #, etc. 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199 032 Florida Statutes Yes No Country Zip Country Zip 30 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Street Address (P.O. Box Number is Not Acceptable) LAWRENCE A. LEVINE, PA. 82 4300 N. UNIVERSITY DRIVE 63 SUITE E-207 Zip Code 85 FORT LAUDERDALE, FL. 33351 84 City 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. (NOTE Registered Agent's gnature required when reinstating) SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS Change 12. DELETE 1 1 THEF CR2E034 1.TUE PRESIDENT 1.2 NAME RONI GILDEN 13 STREET ADDRESS 1326 GINGER CIRCLE SWEET ADDRESS 1 4 CITY - ST - ZIF FT. LAUDERDALE, FL. 33326 Change Addition CITY-ST ZIP DELETE 2 1 HTLE TILLE 22 NAME NAME * 2 3 STREET ADDRESS STREET ADDRESS 24 CITY - ST - ZIP Change Addition CITY - ST. ZIP DELETE 3 1 TITLE TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP Addition Change CITY - ST - ZIP DELETE 4 1 THILE 700001793817 -04/25/96--01015--019 THILE 4 2 NAME 4 3 STREET ADDRESS ***200.00 STREET ADDRESS 44 CITY - ST - ZIP ___ Change Addition CHY-ST-ZIP DELETE 5 1 TITLE THLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP Addition Change CITY ST-7IF DELETE 6 1 TITLE TITLE

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). Flotida 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 ard an officer or offector 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

62 NAME

6 3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

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RONI GILDEN SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

945 349-1082 Daytime Phone #