FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address % RONI GILDEN

1326 GINGER CIRCLE FORT LAUDERALE FL 33326-3628

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

FORT LAUDERALE FL 33326

SIGNATURE:

% RONI GILDEN 1326 GINGER CIRCLE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P95000082412 (4)**

SCHULMAN & GILDEN DESIGN GROUP, INC.

2. Principal Place of Business 2a. Mailing Address 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Country Zip Country Zip 25 30 24 29 9. Name and Address of Current Registered Agent 81 LAWRENCE A. LEVINE, P.A. 4300 N. UNIVERSITY DRIVE 82 Street Addres SUITE E-207 FORT LAUDERDALE FL 33351 83 City Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corpor
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, Typest or protectivative of nugestered agent and title it applicable. (NOTE: Registered Agent signature required 12. OFFICERS AND DIRECTORS 13, DELETE THUE 1.1 TITLE GILDEN, RONI 1.2 NAME NAME 1326 GINGER CIR. STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33326 1.4 CITY - ST - ZIP CITY-51-76 DELETE TITLE 2.1 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ACORESS CITY - \$1 - 20P 2 4 CHTY-S1-ZIP DELETE 31 TITLE THE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST DELETE Iff_{i} E 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 43 STREET ADDRESS 44 CITY - ST - ZIP CHY ST-ZE DELETE 100 51 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP C(1Y+S1+2) DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY ST-ZIP 14. Too 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 Blyc. 13 if charged, or on an attachment with an address.

RONI GILDEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/97

FILED							
Mar 13 1997 8:00am							
Secretary of State							

3.	Date Incorporated or Qualified 10/24/1995	3a. Da 04/a				eport	
4.	FEI Number				+	plied For	
	65-0625602		•	Ĺ.,		t Applicable	
5.	Certificate of Status Desired					Additional equired	
6.	Election Campaign Financing Trust Fund Contribution					May Be o Fees	
8.	This corporation has liability for in Florida Statutes	tangible Yes			er s.	199.032,	
10.							
ss (P.O. Box Number is Not Acceptable)							
		FL	85		Zip (Code	
ation submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered							
	ADDITIONS/CHANGES TO OFFICE		DIR	ĒĈ	TOR	S IN 12	
						Addition	
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