## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000042233 (2)

DESIGN	I AND COMFORT FURNITUI	RE, INC.		
Principal Plac	e of Business	Mailing Address		* IDBNIODE IND URING BINE DANN BOWN DENN BERNE
3495 N FEDERAL HIGHWAY 3495 N FEDERAL HIGHWA FT LAUDERDALE FL FT LAUDERDALE FL			WAY	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 3a. Date of Last Report
		* · · · · · · · · · · · · · · · · · · ·		05/17/1996
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
21 26		26		65.066723Y Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			Certificate of Status Desired     \$8.75 Additional Fee Required	
City & State City & State				Election Campaign Financing \$5.00 May Ele
23 28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30.
	9. Name and Address of Curren	t Registered Agent	81 Na	10. Name and Address of New Registered Agent
BALMUTH, MARK			BI Na	ате
	5 N FEDERAL HIGHWAY		82 Stre	treet Address (P.O. Box Number is Not Acceptable)
FT	LAUDERDALE FL		83	
			03	
			84 Cit	ity FL 85 Zip Code
agent. I a SIGNATURE	m familiar with, and accept the oblige Signature, typed or printed name of registered age OFFICERS AND	nt and title if applicable (NC		amed corporation submits this statement for the purpose of changing its registered e corporation's board of directors. I hereby accept the appointment as registered  3, 5, 7  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 7/TLE	Change Addition
NAME	BALMUTH, MARK		1.2 NAME	
STREET ADDRESS	3495 N FEDERAL HIGHWAY		1.3 STREET ADDRE	MESS
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CHTY- ST - ZIP	1
TITLE		DELFTE	2.1 THLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRE	RESS
CITY-ST-ZIP			2.4 CITY-S1-ZIP	IP
TITLE		☐ DELETE	3.1 TITEE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3 3 STREET ADDRE	RESS
CITY-ST-ZIP	=		3.4. CITY - ST - ZIP	
TITLE		L. DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4. 2 NAME	
STREET ADORESS	•		4.3 STREET ADDRE	
CITY-ST-ZIP	<del></del>	☐ DELETE	44 CiTY-ST-ZIP	P Change Addition
TITLE			5.1 TITLE	Cuange C Abunion
NAME CARCEL ADDRESS			5.2 NAME	orce
STREET ADDRESS			5.3 STREET ADDRE	İ
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	P Change Addition
NAME		□ v	6.2 NAME	C Shange C Addition
STREET ADDRESS			6.3 STREET ADDRE	prec
CITY_ST_7IP			6.3 STREET ADURE	1

14. I do 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 Block 13 if changed, or on an attachment with an address.

a present to be ab

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**FILED** 

Sep 09 1997 8:00am

Secretary of State

957