SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name S61619

GAIL BERNSTEIN INTERIORS, INC.

(0)

FILED Jul 16 1998 8:00am Secretary of State



(114828427

Principal Place	e of Business	Mailing Address		- I I DE LIANT THE BLAKE THREE CONTROL IN	RIRIT BIRLL GIBIT BIRTT BIRTT GEBEL 1881
20320 FAIRWAY OAKS DRIVE 20414 WOODBRIDGE I BOCA RATON FL 33434 BOCA RATON FL 33434 IUS			(Moved)	DO NOT WRITE IN	THIS SPACE
00				3. Date Incorporated or Qualified	
	2			06/24/1991	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 203 20 Suite, Apt.		26 20320 ta	way oble	Q: 65-0277813	Not Applicable
22 #	313	Suite, Apt. #, etc.	1 +21 Eth	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	- 1 T 1	City & State	R. QL YI	6. Election Campaign Financing	\$5.00 May Be
23 DO	Country T	28 3 3 4 3 4 Zip	roca haron H	Trust Fund Contribution	Added to Fees
24 33 4	34 25 4.5 A	29 33 434	Country 30 45 A	This corporation owes or has paid the Personal Properly Tax due June 30.	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Regist	ered Agent
TIOWARD O. GROSSMAN, F.A.					
2424 N. REDERAL HIGHWAY			82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
SUITE 411 BOCA RATON FL 33431			83		
800	A IMION FE 99491		84 City		los Zin Codo
	•		o4 City		FL 85 Zip Code
agent. I a	to the provisions of sections 607.0502 registered agent, or both, in the State or familiar with, and accept the obligations.	it Florida. Such change was a	uthorized by the corporation	ration submits this statement for the purpose on's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE.	Stanature, typed or printed name of registered agent a	and title if applicable (NO	TE: Registered Agent signature requ	uired when reinstation)	ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	BERNSTEIN, GAIL		1.2 NAME		Change Addition
STREET ADDRESS	20414 WOODBRIDGE LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOÇA RATON FL		1.4 CHTY-ST-ZIP	j.	
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		•
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE NAME		L DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP	•		4.3 STREET ADDRESS		
TITLE		Dorugge	4.4 CITY-ST-ZIP 5.1 TITLE		
NAME		L_J DELETE	5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADORESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		The second of the second
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CfTY-ST-ZIP		
indicated of an officer o	n this ann ual report or supplemental ac	nual report is true and accura iver or trustee empowered to	ate and that my signature :	ion 119.07(3)(i), Florida Statutes. I further ce shall have the same legal effect as if made juired by Chapter 607, Florida Statutes; and	under eath: that I am