FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** (0)PANACHE INTERIORS, INCORPORATED Puncipal Place of Business Mailing Address 5050 BAY SHORE RD 5050 BAY SHORE RD SARASOTA FL 34234 SARASOTA FL 34234 3. Date Incorporated or Qualified 3a. Date of Last Report 08/12/1992 06/22/1995 4. FEI Number 2a. Mailing Address Applied For 5090 Bay Shore Rd. 65-0344920 Not Applicable \$8.75 Additiona! 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 10. Name and Address of New Registered Agent MIGNONE, SUSAN Street Address (P.O. Box Number is Not Acceptable) 82 5050 BAY SHORE RD SARASOTA FL 34234 83 84 City 85 Zip Code Poisurant 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 farminar with, and accept the obligations of, Section 607,0505, Florida Statutes. (NOTE: Registeral Agent synature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 22 THEFT DELFTE 1.1 THUE ☐ Change ☐ Addition MIGNONE, SUSAN 1.2 NAME CR2E034 5050 BAY SHORE RD STREET ASSESSES 1.3 STREET ADDRESS SARASOTA FL (18 81 72 14 CITY - ST - ZIP 1 B F DELETE 2 1 TITLE Change Addition 16.25 2.2 NAME STREET ADDITIESS 23 STREET ADDRESS (13 - ST - ZiP 2 4 City - ST - 7.P HILE DELETE 3 1 THE F Change Addition N. 2.2.5 3.2 NAME S08:11.49 F-SS 3.3 STREET ADDRESS Cib. \$1.78 3 4 CHTY - ST - 71F []] DELETE 181. 4 1 TITLE Change ☐ Addition 1,255 4.2 NAME 4.3 STREET ADDRESS Cdfy+Sf+20 4 4 CITY-ST-ZIP DELETE 10 f 5 1 TITLE Change ☐ Addition NAME 5.2 NAME STEEL ACTUBESS 5.3 STREET ADDRESS CITY-ST ZIP 5.4 City - ST - ZiP 111 F DELETE 6 1 TITLE ☐ Change Addition NAME 6.2 NAME STHIFT ALTURESS 6.3 STHEET ADDRESS 0018-51-70

64 CITY - ST - ZIP 14. Let here by 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). 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 _0.3 if changed, or on an algorithment with an address.

SIGNATURE:

hment with an address.