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FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 484300 (9)  
1. Corporation Name  
BEHRENS INTERIORS, INCORPORATED



Principal Place of Business Mailing Address  
2125 WEST CENTRAL AVENUE 2125 WEST CENTRAL AVENUE  
ORLANDO FL 32805 ORLANDO FL 32805

DO NOT WRITE IN THIS SPACE

|                                |  |                        |  |   |  |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21 Suite, Apt. #, etc.         |  | 26 Suite, Apt. #, etc. |  | 09/12/1975  |  |
| 22 City & State                |  | 27 City & State        |  | 4. FEI Number   |  |
| 23 Zip                         |  | 28 Zip                 |  | 59-1618458  |  |
| 24 Country                     |  | 30 Country             |  | 5. Certificate of Status Desired  |  |
|                                |  |                        |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. |  |

|   |  |   |  |
|---|--|---|--|
| 9. Name and Address of Current Registered Agent             |  | 10. Name and Address of New Registered Agent          |  |
| BEHRENS, WILHELM F.<br>5 W. KING STREET<br>ORLANDO FL 32804 |  | 81 Name   |  |
|   |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |
|   |  | 83  |  |
|   |  | 84 City   |  |
|   |  | FL 85 Zip Code  |  |

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.

SIGNATURE

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------|---|--|
| TITLE                      | PD                 | 1.1 TITLE   |  |
| NAME                       | BEHRENS, WILHELM F | 1.2 NAME  |  |
| STREET ADDRESS             | 5 WEST KING STREET | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL         | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 2.1 TITLE   |  |
| NAME                       |                    | 2.2 NAME  |  |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 3.1 TITLE   |  |
| NAME                       |                    | 3.2 NAME  |  |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 4.1 TITLE   |  |
| NAME                       |                    | 4.2 NAME  |  |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 5.1 TITLE   |  |
| NAME                       |                    | 5.2 NAME  |  |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                    | 6.1 TITLE   |  |
| NAME                       |                    | 6.2 NAME  |  |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |  |

14. I 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 as an attachment with an address.

SIGNATURE *W. F. Behrens* *W. F. Behrens* *4/22/98* *407-422-4407*

CR2E034 (10/97)