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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000048544

GREAT INTERIORS, INC.

Principal Place of Business

FILED Feb 02, 1999 8:00am Secretary of State

02-02-1999 90028 001 ***150.00



	Place of Business	Maili	ing Address				HARI BARR BARR BARR] 0210) 01011 6702 101
170 EAST BOCA RA	170 EAST BOCA RATON ROAD BOCA RATON FL 33432		170 EAST BOCA RATON ROAD BOCA RATON FL 33432			-		. nancı ala ğı l alı	ı misir milki milki (K)
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						Date Incorporated or	Qualifed		
2. Princi	pal Place of Business	2a M	lailing Address			06/29/1994		*	
21		26	Address			4. FEI Number			Applied For
Suite,	Apt. #, etc.		uite, Apt. #, etc.			<u>65-04 18656</u>		<u>-</u> -	Not Applicable
22	<u> </u>	27				5. Certificate of Status De	logical [7]	\$8.7	5 Additional
City &	State		ity & State	:- -			_		Required
23		28	,			6. Election Campaign Fir	nancing	\$5.0	00 May Be .
Zip	Country	Zir	<u> </u>	Country		Trust Fund Contribution		Add	ed to Fees
24	25	29		30		8. This corporation owes	the current year	Intangible	
 	9. Name and Address of (Current Registere	ed Agent	[30]		Personal Property Tax	Charles to Chillian	: TYes	□No
1.				81	Name	10. Name and Address o	of New Register	ed Agent	
<u>।</u>	AW FIRM OF LAWRENCE J. S	SPIEGEL CHART	ERED			:			<u></u>
م ا	43 ALMERIA AVENUE	"我是我们还要到了	美新文成	82	Street Addre	ess (P.O. Box Number is Not	Acceptable)		
"	ORAL GABLES FL 33134	was stated in the state	8. 6	83				ereker ins .	
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	to the second second second	•	*	84	City		<u> </u>		er a . i dan M
11. Pursua	ant to the provisions of Sections 60	7.0502 and 607 1	508: Florida Status	 			F	L 85 4	p Code
- Office of	in the in the interest agent. Or both in the	State of Florida S	uch cha-	tes, the above-	named corpo	ration submits this statement	for the purpose	of changing i	ts registered
office of agent,	I am familiar with, and accept the	obligations of Sec	uch change was a	additionized by th	e corporation				
	ant to the provisions of Sections 60 or registered agent, or both, in the second accept the contract of the co	obligations of, Sec	tion 607.0505, Flo	orida Statutes.	e corporation	is board of directors. I hereby	y accept the app	ointment as	registered
SIGNATUR	RE			oldides.			y accept the app	ointment as	registered
SIGNATUR	RE Signature, typed or printed name of registers OFFICER		able. (NOTE	: Registered Agent s		when reinstating)	DATE		
SIGNATUR 12. TITLE	Signature, typed or printed name of registers OFFICER	ed agent and title if applic	able. (NOTE	:: Registered Agent s		when reinstating) ADDITIONS/CHANGES	DATE		
12. TITLE NAME	Signature, typed or printed name of register OFFICER P FELD, KAREN A	ed agent and title if applic	RS (NOTE	Registered Agent s 13. 1.1 TITLE			DATE		ORS IN 12
12.	Signature, typed or printed name of register OFFICER P FELD, KAREN A 170 EAST BOCA RATON F	ed agent and title if applic	RS (NOTE	13. 1.1 TITLE 1.2 NAME	gnature required v	when reinstating) ADDITIONS/CHANGES	DATE	AND DIRECT	ORS IN 12
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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 Block 12 or Block 13 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/90