FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000046433**1. Corporation Name

VICKY ANDREWS INTERIORS, INC.

Principal Place of Business	Mailing Address
10931 K-NINE DR STE 1	27526 BIG BEND ROAD BONITA SPRINGS FL 33923

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90052 009 ***150.00



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Principal Place of Business Mailing Address							
10931 K-NINE (DR		526 BIG BEND ROAD				
STE 1		BC	onita springs fl 339	23			DO NOT WRITE IN THIS SPACE
BONITA SPRING	GS FL 33923						3. Date incorporated or Qualifed
US					_		05/24/1996
2. Principal P	lace of Business	2a	. Mailing Address	·			4. FEI Number Applied For
21		26					65-0684454 Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27	•				5. Certificate of Status Desired Fee Required
City & Stat	te		City & State				6. Election Campaign Financing \$5.00 May Be
23		28					Trust Fund Contribution Added to Fees
Zip	Country		Zip	Cou	ıntry		8. This corporation owes the current year Intangible
24	25	29		30			Personal Property Tax. Yes No
۲ -	9. Name and Address of Cu	rrent Regis	stered Agent		L		10. Name and Address of New Registered Agent
					81	Name	
	APHREVILLE, JOHN D				82	Stroot /	t Address (P.O. Box Number is Not Acceptable)
4501	1 tamiami trail north sti	E 300			62	Sueera	(Address (F.O. Dox Number is 140) Acceptable)
NAP	LES FL 33940-3060				83		
	•						
•			•		84	City	FI 85 Zip Code
office or r	registered agent, or both, in the S	tate of Flori	da. Such change was :	authonze	d bv	the corpo	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the of	oligations of	f, Section 607.0505, Fl	orida Stal	utes		
SIGNATURE							a required when reinstating) DATE
	Signature, typed or printed name of registere			E: Registered	Ager	it signature re	a required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.		AND DIRE	DELETÉ	1.1 T	пс	1	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR IN 12
TITLE	D						
NAME	ANDREWS, VICKY G				AME		•
STREET ADDRESS				1.3 S	TREE	TADDRESS	S
CITY-ST-ZIP	BONITA SPRINGS FL 3392	<u>3</u>		_	ITY-S	T-ZIP	
TITLE	ST		☐ DELETE	2.1 T	TLE		. Change Addition
NAME	AMBER SIMS			2.2 N	AME		
STREET ADDRESS	27526 BIG BEND RD			2.3 S	TREE	T ADDRESS	s
CITY-ST-ZIP	BONITA SPRINGS FL			2.40	ZITY-S	ST-ZIP	
TITLE	-		☐ DELETE	3.1 T	TLE		Change Addition
NAME				3.2 N	AME	J	
STREET ADDRESS				3.3 S	TREE	TADDRESS	s
CITY-ST-ZIP				3.4. 0	XTY-S	ST-ZIP	
TITLE			☐ DELETE	4.1 T			☐ Change ☐ Addition
NAME	,			4.21	AME		· .
STREET ADORESS						T ADDRESS	s . · ·
					ITY-S	ŧ	
CITY-ST-ZIP TITLE			☐ DELETE	5.1 T		1-211	☐ Change ☐ Addition
				5.1 Y			
NAME						T ADDRESS	s
STREET ADDRESS				1	ITY-S	I	
CITY-ST-ZIP			☐ DELETE	6.1 T		11-217	Change Addition
TITLE	<u> </u>		U DELETE			ļ	
NAME				6.2 N			
	1			635	TREE	TADORESS I	S I

6.4 CITY-ST-ZIP 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 on an attachment with an address, with all other like empowered.

SIGNATURE: