

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90005 037 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000075535**  
 Corporation Name

**PRIDE INTERIOR WHOLESALE, INC.**



Principal Place of Business	Mailing Address
36 GEORGIA AVENUE ST PALM BCH FL 33405	3696 GEORGIA AVE. WEST PALM BEACH FL 33405

DO NOT WRITE IN THIS SPACE

Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	08/29/1997	65-0775082	Not Applicable
City & State	City & State	5. Certificate of Status Desired	6. Election Campaign Financing	\$8.75 Additional Fee Required
Zip	Zip	<input type="checkbox"/>	Trust Fund Contribution	\$5.00 May Be Added to Fees
Country	Country	7. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/>	Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMAS, JOHN C 272 MALIBU CIRCLE WEST PALM BEACH FL 33413		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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.

NATURE		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	1.2 NAME				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	2.2 NAME				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	3.2 NAME				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	4.2 NAME				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	6.2 NAME				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS				
ST-ADDRESS	ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP				

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.

SIGNATURE: *Signature of Thomas* 9-7-99 561 833-8563

WV6170

CR2E034 (5/99)