PROFIT CORPORATION ANNUAL REPORT

1999



## FLORIDA DEPARTMENT DE STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

## **FILED** Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90017 032 \*\*\*150.00

DOCUMENT # P98000073645 1. Corporation Name SIMMONS & SARAY INTERIORS GROUP, INC. Principal Place of Business  Mailing Address													
4152 W BLUE H	EDON BLVD	4152 W BLUE HERON BLVD				1							
SUITE 106	SUITE 106				1								
RIVIERA BEACH	FL 33404	RIVIERA BEACH FL 33404			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified						1		
I		•						d or Creatitied				1	
							08/21/1998	<del></del>		1 1 4 2	lied For	1	
2. Principal Pl	ace of Business	2a. Mailing Address	, Mailing Address			4.	FEI Number 15-08	5920	· C	<del></del>	Applicable		
21		Suite, Apt. #, etc.			<del>  4</del>	0-00	<u> </u>		\$8.75 A				
Suite, Apt.	<u></u>	Swite 112			5.	Certificate of Stat	us Desired		Fee Re				
City & State	Juite 112	City & State			8	Election Campaig	n Financina		\$5.00	May Be	1		
<del></del>	9	28			1	Trust Fund Conti			Added to	•	İ		
Zip	Country	Zip Country				l a	This corporation	owes the cur	ent year Int	angible		1	
			0			Personal Property Tax, Yes No							
24	1			10.	Name and Addr	ess of New F	legistered	Agent		ļ			
	9. Name and Address of Current			81	Name	-						1	
SIMM	ions, lauren r	•		82	Street Addres	-9 (P	O. Box Number i	s Not Accept	ible)			1	
4152			**	Cuset Moule	35 (r .	. DOX 11211-50					]		
SUIT	E 106			83								1	
RIVIE	<del>tra beach fl. 33464</del>		84		City					85 Zip C	ode	1	
					-		<u>់វីអីស៊ីមិន</u>	ement for the	⊬∴FL	. این ا	111		
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 reg 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 registrated agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Sprakurs, typed or prehad name of registered agent and tibe at applicable.  NOTE Registered Agent signature required when reinstating)  DATE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS											CR2E034 (11/98)		
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NAME	SIMMONS, LAUREN R		23 STREET ADDRESS			•					l		
STREET ADDRESS 4152 W BLUE HERON BLVD STE 106			2.4 CITY-ST-ZIP		. 1	;		•				<b>\</b> -	
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NAME			62 NA	ME									
STREET ADDRESS			6.3 ST	REETA	DORESS								
CITY-ST-ZIP				6.4 CITY-ST-ZIP				,	<del> </del>			J	
	116 41 4 At 2. Comment P. A. Jal	this firm does not qualify for the			estated in Pa	etion	110.07(3\fi) Flor	ida Statutes	t friefher cer	Lity that the in	romation		

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 humer 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 ostit; that I am officer or director of the corporation of 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.