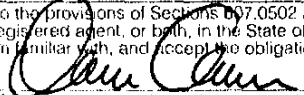
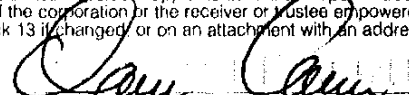


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M86738 (5) 1. Corporation Name JUST YOU INTERIORS, INC.					
Principal Place of Business 7321 NW 10TH COURT PLANTATION FL 33313 US			Mailing Address P O BOX 2602 BOCA RATON FL 33427-2602 US		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1988	
21		26 7321 NW 10th COURT		3a. Date of Last Report 04/26/1996	
22 Suite, Apt. #, etc.		27		4. FEI Number 65-0066055	
23 City & State		28 PLANTATION FL		Applied For Not Applicable	
24 Zip		29 33313		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25 Country		30 USA		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent CAUSA, DAWN 7321 NW 10TH COURT PLANTATION FL 33313				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85 Zip Code				FL	
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  DAWN CAUSA President 3/20/97 Signature: "print or printed name" of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE ☐ DELETE			1.1 TITLE ☐ Change ☐ Addition		
NAME PC			1.2 NAME		
STREET ADDRESS 7321 NW 10TH CT			1.3 STREET ADDRESS		
CITY-ST-ZIP PLANTATION FL			1.4 CITY-ST-ZIP		
2.1 TITLE ☐ DELETE			2.1 TITLE ☐ Change ☐ Addition		
2.2 NAME			2.2 NAME		
2.3 STREET ADDRESS			2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
3.1 TITLE ☐ DELETE			3.1 TITLE ☐ Change ☐ Addition		
3.2 NAME			3.2 NAME		
3.3 STREET ADDRESS			3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
4.1 TITLE ☐ DELETE			4.1 TITLE ☐ Change ☐ Addition		
4.2 NAME			4.2 NAME		
4.3 STREET ADDRESS			4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
5.1 TITLE ☐ DELETE			5.1 TITLE ☐ Change ☐ Addition		
5.2 NAME			5.2 NAME		
5.3 STREET ADDRESS			5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
6.1 TITLE ☐ DELETE			6.1 TITLE ☐ Change ☐ Addition		
6.2 NAME			6.2 NAME		
6.3 STREET ADDRESS			6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do 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:  3/20/97 9545813288 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)