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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 306353

(4)

CREST-JOHNSON INTERIORS OF FLORIDA INC

Principal Place of Business

Mailing Address

FILED May 07 1997 8:00am Secretary of State



271 VIA ROSA BOCA RATON		271 VIA ROSADA BOCA RATON FL 33432-491	11			
					3. Date Incorporated or Qualified 06/21/1966	3a, Date of Last Report 04/30/1996
<u> </u>	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 301 F	Patio de Fuente	[26] 301 Patio d	le Fu	ente	30-6353160	Not Applicable
Suite, Apt.		Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 BOCa	Raton, FL	City & State 28 Boca Raton,	FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33432	Country Palm Beach	^{Zip} 33432	Countr Pali	m Beach	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032,
	g. Name and Address of Current	Registered Agent			10. Name and Address of New Reg	gistered Agent
CIM	IINO, ROBERT S		B1	Name		
315 S.E. MIZNER BLVD., SUITE 212 BOCA RATON FL 33432				82 Street Address (P.O. Box Number is Not Acceptable)		
				Silver Addres	ss (F.O. box Number is Not Acceptab	
			84	- ,		FL 85 Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.0502 registered agent, or both, in the State of the familiar with, and accept the obligations.	and 607.1508, Florida Statutes Florida. Such change was au ons of, Section 607.0505, Flor	s, the abov ultiorized b ida Statute	e-named corpo y the corporatio s	ration submits this statement for the p n's board of directors. I hereby accep	urpose of changing its registered the appointment as registered
SIGNATURE						
	Signature, typed or printed name of registered agent.			ent signature required		DATE
12.	OFFICERS AND	1157 W. H.	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	☐ DELETE	1.1 TITLE			Change Addition
NAME	JOHNSON, ROBERT NELSON		1.2 NAME			
STREET ADDRESS	2629 S.E. 11TH ST.			ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	C Street	1.4 CITY-1	ST-ZIP		
TITLE	TD	DELETE	2.1 TITLE			Change Addition
NAME	JOHNSON, PATRICIA V.		2.2 NAME	į		
STREET ADDRESS	2629 S.E. 11TH ST.		2.3 STREE	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		2 4 CITY-	ST-ZIP	·	
TITLE	=		3.1 TITLE			Change Addition
NAME	JOHNSON, CHRISTOPHER R		3.2 NAME			
STREET ADDRESS	2629 SE 11 ST		3 3 STREET	ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL		3 4. CITY -	ST-ZIP		
TITLE		DELETE	41 TITLE			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.9 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CHY-5	ST - ZIP		
TITLE		☐ DELETE	5.1 TITL€			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-ST-ZIP			5.4 Cily - 5	51 - ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 CITY - 5	61 - ZIP		

14. I do hereby certify that the information supplied with this filing does not quality 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.