

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Martin
Secretary of State
DIVISION OF CORPORATION

APPROVED
AND
FILED

DOCUMENT # **326057**

(7)

O'DONNELL INTERIORS, INC.

95 MAY 11 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Business Name		Mailing Address	
333 FEDERAL HIGHWAY LAKE PARK FL 33403		333 FEDERAL HIGHWAY LAKE PARK FL 33403	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt., etc.		Suite, Apt., etc.	
22		27	
City & State		City & State	
23		28	
Fax		Fax	
24		29	
		30	
9. Name and Address of Current Registered Agent			
O'DONNELL, CLIFFORD R. 333 FEDERAL HIGHWAY LAKE PARK FL 33403			
10. Name and Address of New Registered Agent			
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City FL Zip Code 85			

3. Date Incorporated or Organized **02/01/1968** 3a. Date of Last Report **07/08/1994**

4. EIN Number **59-2123536** 4a. Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Does this corporation do business for advertising the cause of equal rights under Florida Statutes Yes No

11. I, Clifford R. O'Donnell, the president of this corporation, do hereby submit 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 807.086b, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
Officer/Dir.	Name	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, CLIFFORD R.	2. NAME	
ADDRESS	333 FEDERAL HWY.	3. STREET ADDRESS	
CITY	LAKE PARK FL	4. CITY	
Officer/Dir.	Name	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONNELL, MARYANNE	6. NAME	
ADDRESS	333 FEDERAL HWY.	7. STREET ADDRESS	
CITY	LAKE PARK FL	8. CITY	
Officer/Dir.	Name	9. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
Officer/Dir.	Name	13. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
ADDRESS		15. STREET ADDRESS	
CITY		16. CITY	
Officer/Dir.	Name	17. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
ADDRESS		19. STREET ADDRESS	
CITY		20. CITY	
Officer/Dir.	Name	21. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
ADDRESS		23. STREET ADDRESS	
CITY		24. CITY	
Officer/Dir.	Name	25. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		26. NAME	
ADDRESS		27. STREET ADDRESS	
CITY		28. CITY	

14. I declare, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption indicated in section 119.06, Florida Statutes. I further certify that the information reflected on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 807, Florida Statutes, and that my name appears in Block 1, or Block 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, or 31, changed or contains an attachment with an address.

SIGNATURE: *Clifford R. O'Donnell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR