

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
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DOCUMENT # **370063** (0)
1. Corporation Name
INTERIOR SYSTEMS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13303 US HIGHWAY 19 NORTH CLEARWATER FL 34624-7225 US	Mailing Address 13303 US HIGHWAY 19 NORTH CLEARWATER FL 34624-7225 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/21/1970	3a. Date of Last Report 04/22/1996
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-1388782	Applied For Not Applicable
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25	26	27	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent GOLDSMITH, CHARLES B 13303 US HWY 19 N CLEARWATER FL 34624				10. Name and Address of New Registered Agent	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST MINING, DEBRA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13303 US HWY 19 N	1.2 NAME	
STREET ADDRESS	CLEARWATER FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DPV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, CHARLES B	2.2 NAME	
STREET ADDRESS	13303 US HWY 19 N	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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 authorized 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 address.

SIGNATURE: _____

CP2E034 (4/97)

MEMBER OF THE
AMERICAN INSTITUTE OF ARCHITECTS

C B GoldSmith AND ASSOCIATES INC.

ARCHITECTS - PLANNERS - ROOFING CONSULTANTS - FORENSIC ARCHITECTS

August 15, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Documents 370063, H38455, F43859

Dear Sir/Madam:

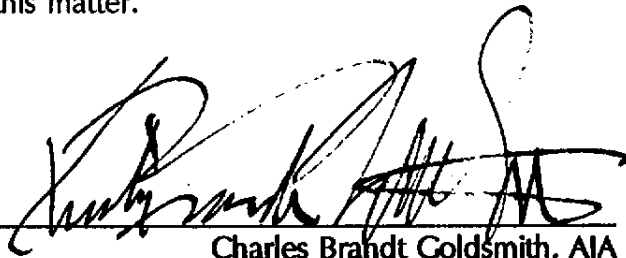
We have just received our second notices on the above-referenced documents. We never received our first notice which was due by May 1, 1997. After speaking with a customer service representative, it was suggested that we send in the amount of \$165.00 per corporation with a letter explaining our situation.

As our past record shows, we have always paid before the penalty date. All areas have been researched and show no evidence of ever receiving the first notices.

Thank you for your help and cooperation in this matter.

Sincerely,

C.B. GOLDSMITH AND ASSOCIATES, INC



Charles Brandt Goldsmith, AIA

Enclosure