PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 439829

Country

9. Name and Address of Current Registered Agent

25

. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc. -

City & State

22

23

24

Zip

JUST ONE INTERIORS, INC.

Principal Place of Business	Mailing Address
601 N. DIXIE HIGHWAY	4601 N. DIXIE HIGHWAY
OCA RATON FL 33431	BOCA RATON FL 33431

26

27

28

29

Zip

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90038 045 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

11/14/1973 4. FEI Number

59-1499197

5. Certificate of Status Desired

Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

•	•		81	Name					
WILLIAMS, RANDALL 4601 N DIXIE HIGHWAY				Street	Address (P.O. Box Number is				
	A RATON FL 33431		83					-	
			84	City		<u></u>	FL	85 Zip	Code
office or re	o the provisions of Sections 607.0502 and 607.15 gistered agent, or both, in the State of Florida. So n familiar with, and accept the obligations of, Sect	ich chande was auth	onzea by	the corpu	corporation submits this staten pration's board of directors. I he	nent for the purp ereby accept the	ose of o	changing its trant as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applic	able. (NOTE: Re	gistered Agen	t signature n	equired when reinstating)	- Б	ATE .		
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANG	SES TO OFFICE	RS AN	DIRECTO	ORS IN 12
TITLE .	SD	☐ DELETE	1.1 TITLE					☐ Change	Addition
NAME	WILLIAMS, RANDALL		1.2 NAME						
STREET ADDRESS	4601 N. DIXIE HIGHWAY		1.3 STREET						
CITY-ST-ZIP	BOCA RATON FL 33431	(T) 05: 575	1.4 CITY-S	T-ZIP				Change	Addition
TITLE ·	'	DELETE	2.1 TITLE					onange	L
AME			2.2 NAME						•
TREET ADDRESS			2.3 STREE	ADDRESS					
CITY-ST-ZIP			2. 4 CITY-S	T-ZIP					Addition
TITLE	a garanta da katan da	DELETE-	3.1 TITLE		ಲ್ ಿ ಪ್ರಾಯಿತಿ ಕ್ಲಾ		-	☐ Change	Addition
NAME	·		3.2 NAME						
STREET ADDRESS			3.3 STREE	TADORESS					
CITY-ST-ZIP			3.4. CITY+5	T-ZiP				7.01	
TITLE		□ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	TADORESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE				,	Change	☐ Addition
NAME			5.2 NAME			. ,			
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY+ST-ZIP			5.4 CITY-S	T-ZIP					_
TITLE		☐ DELETE	6.1 TITLE	-				☐ Change	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADDRESS					
CITY-ST-ZIP			6.4 CITY-S		<u> </u>				! 6
	certify that the information supplied with this filing on this annual report or supplemental annual report	does not qualify for the	ne exempt	ion state	d in Section 119.07(3)(i), Florid	la Statutes. I furt	her ceri	tify that the	Information

Country

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14. Thereby certify that the information supplied with this filling does not qualify for the exemptor's state and 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, with all other like empowered.

SIGNATURE

MATURE AND TYPED ORDRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 561-361-8500