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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State

**FILED** 

Apr 07 1998 8:00am

1. Corporatio	AAN INTERIORS, INC.	Mailing Address  104 S. FEDERAL HWY.			
BOYNTON BEACH FL 33435 4926		BOYNTON BEACH FL 33435-4926		, DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	10 0.7102
				11/20/1973	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	<del></del>	59-1496358	Not Applicable
Suite, Apt. #, etc		Suile, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Ζιp	Country	- Zφ	Country	8. This corporation owes or has paid the	
24	g. Name and Address of Curre	nt Registered Agent	30]	Personal Property Tax due June 30.  10. Name and Address of New Register.	Yes No
GO	NSMAN, (JOHN H.)	TO THE PARTY OF TH	81 Name	10. Number and Addition of the Hospitals	ou rigotti
	SOUTH FEDERAL HWY.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
BOYNTON BEACH FL 33435					
			83		
			84 City	F	85 Zip Code
11. Pursuant	to the provisions of Sections 607 056	02 and 607 1508. Florida Statut	es the above-named cor		
office or r agent I a	egistered agent, or both, in the State ni familiar with, and accept the oblig	e of Florida. Such change was a gations of, Section 607,0505, Flo	authorized by the corpora orida Statutes.	poration submits this statement for the purposition's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	Signature, typed or pooted name of registered ag	entaret til cut applicable (NOT	Registered Agent signature requ	ired when reinstating) DATI	E
12.	OFFICERS AN	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	P	DELETE	1.1 TITLE		Change Addition
NAME	GONSMAN, (JOHN H.) 104 S FEDERAL HWY		1.2 NAME		
STREET ADDRESS	BOYNTON BEACH FL		1.3 STREE1 ADDRESS 1.4 CITY-ST-ZIP		
	DOTATION DEMOTTE	DELETE	21 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME	GONSMAN, TINA L.		2.2 NAME		
STREET ADDRESS	104 S. FEDERAL HWY.		2.3 STREET ADDRESS		
CITY-S1-ZIP	BOYNTON BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TIDO CLICANI M	DELETE	3 1 TITLE		Change Addition
NAME CTOSET ADDRESS	TIDD, SUSAN M. 12-F CROSSINGS CIR.		3.2 NAME		
STREET ADDRESS City-St-Zip	BOYNTON BEACH FL		3 3 STREET ADDRESS 3 4. CITY-ST-ZIP		
THLE	8	DELFTE	4.1 TITLE		Change Addition
NAME	SLAGLE, TAMMY		4. 2 NAME		
STREET ADDRESS	5262 HARWOOD LANE		4.3 STREET ADORESS		
CITY-ST-ZIP	LAKE WORTH FL	Therese	4.4 CITY-ST-ZIP		[] (Name   [] (1.22)
TITLE		DELETE	51 TIPLE		Change Addition
NAME Street address			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	<del></del>	DELETE	6 1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

14. I bereby 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 recover 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:

2/17/98 561-732-841