

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

FILED

Apr 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **464938** (0)
1. Corporation Name
INTERNATIONAL INTERIORS INCORPORATED

Principal Place of Business 1450 SAN MARCO BLVD. JACKSONVILLE FL 32207 US	Mailing Address 5353 ARLINGTON EXPRESSWAY, ROOM 410 JACKSONVILLE FL 32211-5540
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1974		3a. Date of Last Report 02/20/1996	
21. State, Apt. #, etc.		26. 3600 RIO VISTA AVE		4. FEI Number 59-1561731		Applied For Not Applicable	
22. City & State		27. ORLANDO FL		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. 32805		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. US		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, JACK H 5353 ARLINGTON EXPRESSWAY, ROOM 410 JACKSONVILLE, FLORIDA 32211				10. Name and Address of New Registered Agent			
81. Name RUDOLPH J. NESLADER				82. Street Address (P.O. Box Number is Not Acceptable) 30 OAK LEIGH LANE			
83. City MAITLAND				85. Zip Code 32751			

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 *Rudolph J. Neslader* **RUDOLPH J. NESLADER** DATE **4/17/97**
(NOTE: Registered Agent's signature required when resigning)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DOROTHY D		1.2 NAME				
STREET ADDRESS	5353 ARLINGTON EXPRESSWAY		1.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE, FL 00000		1.4 CITY - ST - ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, JACK H		2.2 NAME				
STREET ADDRESS	5353 ARLINGTON EXPRESSWAY		2.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE, FL 00000		2.4 CITY - ST - ZIP				
TITLE	PD	<input type="checkbox"/> DELETE	3.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOEHNE, LARRY C.		3.2 NAME				
STREET ADDRESS	14351 BONEY ROAD		3.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		3.4 CITY - ST - ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	4.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, MARK L.		4.2 NAME				
STREET ADDRESS	12338 TRAILBLAZER DR		4.3 STREET ADDRESS				
CITY - ST - ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			5.2 NAME	COPENHAVER, DAVID C.			
STREET ADDRESS			5.3 STREET ADDRESS	3600 RIO VISTA AVE.			
CITY - ST - ZIP			5.4 CITY - ST - ZIP	ORLANDO FL 32805			
TITLE		<input type="checkbox"/> DELETE	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 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 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.

SIGNATURE: *David C. Copenhaever* **DAVID C. COPENHAVER** DATE **4/17/97** DAYTIME PHONE # **407 841 7390**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DIRECTOR

CR2E034 (9/96)