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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90046 038 ***150.00

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 560564

FRAN MARKUS INTERIORS, INC.

Principal Place	e of Business	Mailing Address .						
10155 COLLINS AVE		10155 COLLINS AVE				• •		
#1006		#1006				DO NOT WRITE IN TUIS SPACE		
BAL HARBOUR FL 33154		BAL HARBOUR FL 33154				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
US		us				02/24/1978	٠.	.
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				59-1800746	No.	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27				5. Certifcate of Status Desired	Fee R	equired
City & State		City & State		6. Election Campaign Financing	\$5.00	May Be		
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Cou	ntry		8. This corporation owes the current year	Intangible	
24	25	29	30			Personal Property Tax.	Yes	□No
 1	9. Name and Address of Current	Registered Agent				10. Name and Address of New Register	ed Agent	
21.27				81	Name			į
,,,, MAR	KUS, FRAN			82	Ctroot Adds	ess (P.O. Box Number is Not Acceptable)		
1880 S OCEAN DR		62		Street Addit	ess (F.O. Box Number is Not Acceptable)			
HALI	LANDALE FL 33009			83	1,000	· 1000 1100 1100 1100 1100 1100 1100 11		1.11.11.13
						15個人工作品的工作	St 250 846 549	7,211 (14) (13)
				84	City	. F		Code
44 Durestont	to the provisions of Sections 607 0502	and 607 1508 Florida Statut	es the at	ove-	-named corp	oration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing its	s registered
						on's board of directors. I hereby accept the ap	pointment as re	egistered
	m familiar with, and accept the obligation	ons of, Section 607.0505, Fig.	nda Stati	ites.			机砂油机	4 H 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1
SIGNATURE		and title if continuels (NOTE	: Ongietarad	Anent	eionatura raquire	d when reinstation \$ 3 % DATE	(18) 18 (1) 2 (4) (1) (1) 4 (1) 1 (1) 1	10.15 (1.15)
	Signature, typed or printed name of registered agent			Agent	signature required	d when reinstating) \$\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		ORS IN 12
12.	OFFICERS AND	DIRECTORS	: Registered 13.		signature required	ADDITIONS/CHANGES TO OFFICERS		ORS IN 12
12. TITLE	OFFICERS AND		13. 1.1 Til	Œ	signature required	+ man = 1,47.17	AND DIRECTO	
12. TITLE NAME	OFFICERS AND P MARKUS, FRANCES	DIRECTORS	13. 1.1 TII 1.2 NA	LE ME		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12. TITLE NAME STREET ADDRESS	P MARKUS, FRANCES 10155 COLLINS AVE	DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST	LE ME REET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKUS, FRANCES 10155 COLLINS AVE BAL HARBOUR FL	DIRECTORS	13. 1.1 TO 1.2 NA 1.3 ST 1.4 CO	LE ME REET	ADDRESS	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	
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14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS