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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90009 037 ***150.00

DIANE S	SEPLER INTERIORS, INC.					ŀ				
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Principal Place	e of Business	Mailing A	ddress				F INDERN BYREN ONERE DEEN LESIN EN		16 M1841 M16	in dian bidir ida
1581 BRICKELL AVENUE 1581 BRICKELL AVENUE										
T-204 T-204							DO NOT WRIT	E IN THIS S	PACE	
MIAMI FL 33129 MIAMI FL 33129 US US			33129				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed			
US		00	į			"	01/05/1979			
2 Principal Pl	lace of Business	2a. Mailir	ng Address		_	4.	FEI Number			Applied For
21 26			1	I			59-1868768			Not Applicable
Suite, Apt.	#, etc.		Apt. #, etc.		3	-	Certifcate of Status Desired		•	5 Additional
22		27			<u> جيت ب</u>		Certificate of Status Desired			Required
City & State	e .	City &	& State			6.	Election Campaign Financing			May Be
23	<u> </u>	28					Trust Fund Contribution		_	ed to Fees
Zip	Country	Zip		Count	ry	8.	This corporation owes the curr	ent year Inta	ngible □]Yes	□No
24	25	29		30	_		Personal Property Tax. Name and Address of New F	enistered A		
	9. Name and Address of Current	Registerea	Agent	8	1 Name		, name and Address of New 1	registereu r	gent	
SEPI	LER, DIANE S.		,							
	BRICKELL AVENUE		į	8	Street	Address (F	P.O. Box Number is Not Accepta	ible)		1
T-20			1	8	13				_	
	WI FL 33129			L					T1 -	
,,,,,			i	8	34 City			FL	85 Z	ip Code
11, Pursuant	to the provisions of Sections 607.0502	2 and 607.150	8. Florida Statu	utes, the abo	l ove-named	corporatio	n submits this statement for the	nurnose of o	hanging	its registered
-45	to the provisions of Sections 607.0502 egistered agent, or both, in the State or familiar with, and accept the obligati	of Clorida Suc	on change was	authorized b	IV THE COID	oration's b	oard of directors. I hereby accer	t the appoin	tment as	registered
agent. I a	m tamiliar with, and accept the obligati	ions oi, secut	, coco., 1 do	ionoa Statut	63.					I .
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SIGNATURE	Signature, typed or printed name of registered agent		ŧ	TE: Registered A				DATE		
İ	Signature, typed or printed name of registered agent OFFICERS AND	t and title if applica	ble. (NO				reinstating) ADDITIONS/CHANGES TO OF			
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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.