FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 18 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **618681** **(1)**

1. Corporation Name

INTERIORS, INC.

Principal Place of Business	Mailing Address
5901 SUN BLVD #107 ST PETERSBURG FL 33701	1933 OCEANVIEW TIERRA VERDE FL 33715 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/10/1979**
3a. Date of Last Report: **06/14/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: **59-1918473**	☐ Applied For ☐ Not Applicable
21 245 Central Avenue	26 1 Beach Dr. S.E.		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 1004	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State: St. Petersburg FL	28 City & State: St. Petersburg FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip: 33701 25 County: US	29 Zip: 33701 30 County: US	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JACOBSON, SHARYN 13404 GOLF CREST WAY TAMPA FL 33624	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1 Beach Drive S.E. 83 #1004 84 City: St. Petersburg FL 85 Zip Code: 33701

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 _____ DATE
Signature of new registered agent (if changed) NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	STD	11 TITLE		☑ Change ☐ Addition
12 NAME	JACOBSON, RICHARD	12 NAME		
13 STREET ADDRESS	1933 OCEANVIEW DRIVE	13 STREET ADDRESS	eliminate	
14 CITY ST ZIP	TIERRA VERDE FL	14 CITY ST ZIP		
21 TITLE	PD	21 TITLE	PSTD	☑ Change ☐ Addition
22 NAME	JACOBSON, SHARYN	22 NAME		
23 STREET ADDRESS	1933 OCEANVIEW DRIVE	23 STREET ADDRESS	1 Beach Drive #1004	
24 CITY ST ZIP	TIERRA VERDE FL	24 CITY ST ZIP	St. Petersburg, FL. 33701	
31 TITLE		31 TITLE		☐ Change ☐ Addition
32 NAME		32 NAME		
33 STREET ADDRESS		33 STREET ADDRESS		
34 CITY ST ZIP		34 CITY ST ZIP		
41 TITLE		41 TITLE		☐ Change ☐ Addition
42 NAME		42 NAME		
43 STREET ADDRESS		43 STREET ADDRESS		
44 CITY ST ZIP		44 CITY ST ZIP		
51 TITLE		51 TITLE		☐ Change ☐ Addition
52 NAME		52 NAME		
53 STREET ADDRESS		53 STREET ADDRESS		
54 CITY ST ZIP		54 CITY ST ZIP		
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sharyn Jacobson 3.13.95 813 8966657
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

Sharyn Jacobson

0311431 CP