

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

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # F01243 (7)**  
 1. Corporation Name  
**ALICE MILLER INTERIORS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>4100 S US HWY 1792<br>CASSELBERRY FL 32707<br>US | Mailing Address<br>4100 S US HWY 1792<br>CASSELBERRY FL 32707<br>US |
|---|---|

DO NOT WRITE IN THIS SPACE

|   |  |                        |  |   |  |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address    |  | 3. Date Incorporated or Qualified   |  |
| 21  |  | 26                     |  | 10/10/1980  |  |
| 22 Suite, Apt. #, etc.                          |  | 27 Suite, Apt. #, etc. |  | 4. FEI Number   |  |
| 23 City & State                                 |  | 28 City & State        |  | 59-2047905  |  |
| 24 Zip  |  | 29 Zip                 |  | 5. Certificate of Status Desired  |  |
| 25 Country                                      |  | 30 Country             |  | <input type="checkbox"/> \$8.75 Additional Fee Required<br><input type="checkbox"/> \$5.00 May Be Added to Fees |  |
| 9. Name and Address of Current Registered Agent |  |                        |  | 10. Name and Address of New Registered Agent  |  |

**9. Name and Address of Current Registered Agent**  
 MILLER, ALICE  
 4100 S US HWY 1792  
 CASSELBERRY FL 32707

**10. Name and Address of New Registered Agent**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                |                  |                                 |
|----------------|------------------|---------------------------------|
| TITLE          | PD               | <input type="checkbox"/> DELETE |
| NAME           | MILLER, ALICE    |                                 |
| STREET ADDRESS | 229 SHADY HOLLOW |                                 |
| CITY-ST-ZIP    | CASSELBERRY FL   |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |
| TITLE          |                  | <input type="checkbox"/> DELETE |
| NAME           |                  |                                 |
| STREET ADDRESS |                  |                                 |
| CITY-ST-ZIP    |                  |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED *Miller 1-26-98*

CR2E034 (10/97)