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CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1006

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DOCUI 1. Corporation	MENT # F (05495	(9)						
RITA	ELKIN INTERIORS,	INC.							
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Principal Place	of Rusinosn								
•		Mi	ailing Address						
1200 ST. CHARLES PL. 1200 ST. CHARLES PL. #101									
	PINES FL 33026		PEMBROKE PINES	FL 33026		3. Date Incorporated or Qualifin			· · · · · · · · · · · · · · · · · · ·
U\$			US			11/14/1980		e of Last R 04/24/1 !	- P
2. Principal Pla	ace of Business	2a.	Mailing Address			4. FEI Number			Applied For
1		26		···		59-2038176		-	Not Applicable
Suite, Apt. :	#, etc.	<u></u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		•	Additional
:	<u> </u>	27	City & State	········		& Floring Compains Financia			Required
		28	ony a class			6. Election Campaign Financing Trust Fund Contribution	³ 🗆	•	O May Be I to Fees
Zip	Country		Zip	Country		8. This corporation has liability	for intangible to		
4	25	29		30		Florida Statutes 🔲	Yes 🔲 No		
	9. Name and Address	of Current Regist	tered Agent	81	News	10. Name and Address of Ne	w Registered	Agent	
ELKIN,	DITA			*'	Name				
	T. CHARLES PLACE #1	L-01		82	Street Addre	ess (P.O. Box Number is Not Accer	otable)		
	NOKE PINES FL 33026	L-UI		83					
, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10/1E / 11/EO / E 00020							-	
				84	City			85 Zir	Code
familiar wit	o the provisions of Sections ed agent, or both, in the Sta h, and accept the obligation	ite of Florida, Such	i change was authori	tes, the above-na	amad corner	ation submits this statement for the d of directors. I hereby accept the a	purpose of chappointment as		
familiar wit	ed agent, or both, in the sta h, and accept the obligation Signature typed or printed name of req	is of, Section 607.0	change was authori 0505, Florida Statute	tes, the above-na zed by the corpor s.	amed corpora ration's board	d of directors. Thereby accept the a	appointment as	anging its registered	egistered offic agent. I am
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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 60?, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Herbert J, Elkin, Secy E OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/96 Date

954-433-8846

Daytime Prione #