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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # F40168



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90124 048 ***150.00

1. Corporation SANDPIF	PER INTERIORS, INC.									
Principal Place	of Business	Mailing Address					BO ING BIBU DOUD USÁID	DIIDA KAKI DIDI	 	BION DIGHTOR
1921 S DIXIE HWY WEST PALM BEACH FL 33401-7701 WEST PALM BEACH FL 33401-7701 US							DO NOT WE	RITE IN TH	IIS SPACE	
US US						DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
						06/09/1	•	•		
2. Principal P				4, FEI Numb			Ar	oplied For		
2. Principal Place of Business 21 3512 S Dixic Huu 26 3512 S Dix				Heery		59-2116	5264		No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				_	,	5. Certifcate	of Status Desired		¥	Additional equired
City & State City & State					. L	1	ampaign Financin	-		May Be
	Palm Beach FL	28 West Palm	Becu		<u></u>		d Contribution			to Fees
Zip	Country	Zip	Count	ry		1	oration owes the cu	irrent year	Intangible Yes	Mo
24 <u>გ</u> ვ५			0				Property Tax. d Address of New	Posistors		Mai Mo
	9. Name and Address of Current	t Registered Agent	8	1 Name		10, Name and	d Address of New	Legister	u Agent	
	or, arthur j			2 Street	Addro	nn 10 M Bay No	umber is Not Accep	'aldet		
250 S. AUSTRALIAN AVENUE					Addie	SS (F.O. DOX 140				
SUITE 500 WEST PALM BEACH FL 33401			8	3						Ì
WES	FALM DEACH (L 3340)		8	4 City				F	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	the abo	ve-named	Согро	ration submits t	his statement for th	ne purpose	of changing its	registered
office or re	egistered agent, or both, in the State of m familiar with, and accept the obligati	of Florida. Such change was aut	horized t	y the corp	oration	n's board of dire	ctors. I hereby acc	ept the app	continent as re	egisterea
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable (NOTE: R	A hanistered A	ant synature	required :	when reinstating)		DATE	<u>_</u>	<u></u> - ·
12.	OFFICERS ANI		13.	jont angitation a			S/CHANGES TO C	FFICERS	AND DIRECTO	DRS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE			-			Change	Addition
NAME	SOWELL, LEWIS M., JR.		1.2 NAM	Ε				- C	_+_	
STREET ADDRESS	1516 WAGNER CIR., L.C.S.		1.3 STRE	ET ADDRESS	81	28 A Sc	dge wich	<u> </u>	` '	
CITY-ST-ZIP	WEST PALM BCH FL		1.4 CITY	-ST-ZIP	سا	Palm	Beach	FL	· 33406	D
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STREET ADDRESS			6.3 STR	EET ADDRESS	3					. [
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99

561-655-0617

Daytime Phone #