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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F44434**

1. Corporation Name

ECLECTIC INTERIORS, INC.

ı	Principal Place of Business
İ	3000 N. FEDERAL HWY.
	3000 N. FEDERAL HWY. FT LAUDERDALE FL 33306

Mailing Address

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90060 044 ***150.00



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3000 N. FEDERAL HWY. FT LAUDERDALE FL 33306			3000 N. FEDERAL HWY. FT LAUDERDALE FL 33306				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 09/03/1981		
2	Principal Place of Busine	ess	2a	Mailing Address			4. FEI Number Applied For		
21			26	-			59-2126714 Not Applicable		
22	Suite, Apt. #, etc.		27	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
,	City & State		<u> </u>	City & State			6. Election Campaign Financing S5.00 May Be		
23	on, a orace		28	•			Trust Fund Contribution Added to Fees		
	Zip	Country		Zip	Countr	y	y 8. This corporation owes the current year Intangible		
24		25	29	30			Personal Property Tax. Yes No		
		and Address of Current F	leais	stered Agent	T		10. Name and Address of New Registered Agent		
						1	Name		
5101 N.W. 21ST AVENUE, SUITE 330					8:	2	Street Address (P.O. Box Number is Not Acceptable)		
	ft. Lauderdal	E FL 33309			8	3	,		
					8	1			
-		C CD7 0E02 -		207 1EAR Florida Statutos	the abo		re-named corporation submits this statement for the nurpose of changing its registered		

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: R	egistered Agent signature re	equired when reinstating) DATE
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD DELETE	1.1 TITLE	Change Addition
NAME	SHARP, JUNE	1.2 NAME	•
STREET ADDRESS	3333 N.E. 34TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1,4 CITY-ST-ZIP	`
TITLE	PTS DELETE	2.1 TITLE	Change Addition
NAME	SHIRLAW, JENNIFER Jennifer S.	2.2 NAME	,
STREET ADDRESS	3333 NE 34TH ST DAHILL	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL	2. 4 CITY-ST-ZIP	
TITLE	₹ BDELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SHARP, KENNETH	3.2 NAME	
STREET ADDRESS	3333 N.E. 34TH S	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	•
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETÉ	5.1 TITLE	Change Addition
NAME		5.2 NAME	•
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
ππιΕ	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lin Section 119 07/3Vi) Florida Statutes further certify that the information

Thereby 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 informati 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.