

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94574** (3)

1. Corporation Name
HELEN SAIED O'CONNOR INTERIORS, INC.



Principal Place of Business
**% HELEN M. O'CONNOR
4620 N PARK AVENUE #905E
CHEVY CHASE MD 20815**

Mailing Address
**% HELEN M. O'CONNOR
4620 N PARK AVENUE #905E
CHEVY CHASE MD 20815**

2. Principal Place of Business
21 S.ite, Apt. #, etc.
22 City & State
23 Zip Country
24

2a. Mailing Address
26 S.ite, Apt. #, etc.
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified **08/13/1982** 3a. Date of Last Report **04/27/1995**
4. FLL Number **52-1261796** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SAIED, KAREN F.
4000 N. OCEAN DRIVE #801
SINGER ISLAND FL 33404**

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 607.001 and 607.004, 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 607.009, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

1111 TITLE	PD	<input type="checkbox"/> DELETE
112 NAME	O'CONNOR, HELEN M	
113 STREET ADDRESS	4620-N. PARK AVE #905	
114 CITY-ST-ZIP	CHEVY CHASE MD	
1211 TITLE		<input type="checkbox"/> DELETE
122 NAME		
123 STREET ADDRESS		
124 CITY-ST-ZIP		
1311 TITLE		<input type="checkbox"/> DELETE
132 NAME		
133 STREET ADDRESS		
134 CITY-ST-ZIP		
1411 TITLE		<input type="checkbox"/> DELETE
142 NAME		
143 STREET ADDRESS		
144 CITY-ST-ZIP		
1511 TITLE		<input type="checkbox"/> DELETE
152 NAME		
153 STREET ADDRESS		
154 CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1111 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
112 NAME	
113 STREET ADDRESS	
114 CITY-ST-ZIP	
1211 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 NAME	
123 STREET ADDRESS	
124 CITY-ST-ZIP	
1311 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
132 NAME	
133 STREET ADDRESS	
134 CITY-ST-ZIP	
1411 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
142 NAME	
143 STREET ADDRESS	
144 CITY-ST-ZIP	
1511 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
152 NAME	
153 STREET ADDRESS	
154 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)(k), 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. I am an officer or director of the corporation or the receiver or trustee empowered to exercise 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: *Helen M. O'Connor* **HELEN M. O'CONNOR** President **3/25/96** **301-654-4668**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)