

02241999-90138-019-\$150.00-\$150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F97000005619

1. Corporation Name
INTERIOR SPECIALTIES CORP.

Principal Place of Business 873 W. BAY DR. #132 LARGO FL 33770	Mailing Address 873 W. BAY DR. #132 LARGO FL 33770
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

3. Date Incorporated or Qualified 10/24/1997	4. FEI Number 59-3344210	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 owes the current year Intangible Personal Property Tax ☐ Yes ☐ No		

9. Name and Address of Current Registered Agent
HALL, BARBARA B
1511 GULF BLVD., #3
INDIAN ROCKS BEACH FL 34635

10. Name and Address of New Registered Agent
81 Name **Bill Helkin**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1511 GULF BLVD #5A**
84 City **Indian Rocks Beach** FL 85 Zip Code **33785**

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 Bill Helkin DATE 3/22/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	PTDC	
NAME	HALL, BARBARA B	
STREET ADDRESS	1511 GULF BLVD., #3	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☐ Change ☐ Addition
1.1 TITLE	PRESIDENT	
1.2 NAME	Bill Helkin	
1.3 STREET ADDRESS	1511 GULF BLVD #5A	
1.4 CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Bill Helkin **REQUIRED** 1/15/99 (727) 596-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (11/98)