

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

FILED

Feb 26 1997 8:00am
Secretary of StatePROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # **G60865** (4)1. Corporation Name
YESTERDAY, TODAY, TOMORROW INTERIORS, INC.

Principal Place of Business

**% ROGER BOWER
1517 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301**

Mailing Address

**% ROGER BOWER
1517 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301-2345**

3. Date Incorporated or Qualified

09/23/1983

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.**23** City & State**24** Zip**25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.**27** City & State**28** Zip**29** Country

4. FEI Number

59-2326821

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☐ No

9. Name and Address of Current Registered Agent

**BOWER, ROGER
1517 EAST LAS OLAS BLVD.
FORT LAUDERDALE FL 33301**

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 607.0502 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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

S ☐ DELETE
**BOWER, ROGER
1517 E LAS OLAS BLVD
FT LAUDERDALE, FL 00000****P** ☐ DELETE
**BOWER, PHILLIP
1517 E LAS OLAS BVD
FT LAUDERDALE FL**☐ DELETE
**NAME
STREET ADDRESS
CITY - ST - ZIP**☐ DELETE
**NAME
STREET ADDRESS
CITY - ST - ZIP**☐ DELETE
**NAME
STREET ADDRESS
CITY - ST - ZIP**☐ DELETE
**NAME
STREET ADDRESS
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**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 do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/97 954-467-6023

CR2E034 (9/96)