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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G60865

1. Corporation Name

YESTERDAY, TODAY, TOMORROW INTERIORS, INC.

						·		
Principal Place	e of Business	Ma	ailing Address					
% ROGER BOWER % ROGER BOWER								
1517 EAST LAS OLAS BLVD. 1517 EAST LAS OLAS BLVD.							DO NOT WRITE IN THIS SPACE	
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301							3. Date Incorporated or Qualified	
							09/23/1983	
		-	AA-U: Address				4. FEI Number Applied For	
2. Principal Place of Business			2a. Mailing Address				59-2326821 Not Applied 1 of	
21)			Suite, Apt. #, etc.				39-2320021 Not Applied	
Suite, Apt.	#, etc.	\vdash	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required	
22	• • • • • • • • • • • • • • • • • • • •	27	City & State	<u> </u>	_			
City & Stat	e		City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23 Tim	Country	28	Zip	Col	ıntry		This corporation owes the current year Intangible	
Zip			£ ip	30			Personal Property Tax.	
24]	9. Name and Address of Current	29	tered Agent	30	1		10. Name and Address of New Registered Agent	
	3. Name and Address of Current	veñiz	TOISE AND ILL		81	Name	191	
BOW	VER, ROGER							
1517 EAST LAS OLAS BLVD.					82	Street Addr	ress (P.O. Box Number is Not Acceptable)	
	T LAUDERDALE FL 33301				83	487-		
					"		<u> </u>	
					84	City	85 Zip Code	
			27.4500 Fl-il- Obst.	4 41	الل		poration submits this statement for the purpose of changing its registered	
SIGNATURE	Signature, typed or printed name of registered agent	and title i	if applicable. (NOTI	E: Registere	d Agen	nt signature required	red when reinstaling) DATE	
12.	OFFICERS ANI	DIRE		13.		 -	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TITLE	S	1.2 NA 1.3 ST		1	1.1 TITLE			
NAME	BOWER, ROGER			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	1517 E LAS OLAS BLVD							
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			_	ITY-S	T-ZIP		
TITLE	P	_		2.1 T	2.1 TITLE		☐ Change ☐ Ad	
NAME	Bower, Phillip			2.2 NAME				
STREET ADDRESS	RESS 1517 E LAS OLAS BVD			2.3 ST		T ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL.	=_	·	2.40	CITY-S	ST-ZIP		
TITLE			☐ DELETE	3.1 T	ΠLE		☐ Change ☐ Ad	
NAME				3.2 N	AME			
STREET ADDRESS				3.3 S	TREET	T ADDRESS		
CITY-ST-ZIP				3.4. 0	CITY-S	IT-ZIP		
TITLE			☐ DELETE	4.1 T	ITLE		☐ Change ☐ Ad	
NAME				4.21	NAME			
STREET ADDRESS				4.3 \$	TREET	T ADDRESS		
CITY-ST-ZIP				4.4 0	ЛY-\$	T-ZIP	Name of the second seco	
TITLE			☐ DELETE	5.1 T	ITLE		☐ Change ☐ Ad	
NAME				5.2 N	IAME		,	
STREET ADDRESS				5.3 S	TREET	TADDRESS		
CITY-ST-ZIP				5.4 0	ITY-S	T-ZIP		
TITLE			☐ DELETE	6.1 T	ITLE		Change Ad	
NAME				6.2 N	IAME			
PERFECT ADDRESS				6.3 S	TREET	TADDRESS		

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 foceingr of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED AND OFFICER OR DIRECTOR