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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **G79410** 

(8)

SOUTH Principa Place of C/O DONALD 1435 BALFOL	Corporation Name  SOUTHERN INTERIORS, INC.  Lipa Place of Business  /O DONALD RICCA 435 BALFOUR 1435 BALFOUR ROSSE POINTE MI 48230  GROSSE POIN							
GROSSE POI	NTE MI 48230	GROSSE POINTE MI 48230			3. Date Incorporated or Qualified			
2. Principal Plac	ce of Business	2a. Mailing Address	THE COLOR SECTION AND ADDRESS.	-m	4. FEI Number		1	Applied For
   Suite, Apt #	eder	26 Suite, Apt. #, etc.			59-2370581			Not Applicable
	· VIII	27)		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	
	Country 25	Zq)	Countr	Ŋ	8. This corporation has liability for	intangible tax u		
	9. Name and Address of Currer	<del>1</del> 1	[30]		10. Name and Address of New i		gent	
			81	1 Name				
RICCA, DONALD 201 E. PINE ST., SUITE 1100 ORLANDO FL 32801			82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
			83	3				
			84	A City			ar Zu	Code
			104	4 City			<b>85</b> Zip	Code
						- FL		
Pursuant to or registere familiar with	o the provisions of Sections 607.0502 Id agent, or both, in the State of Flori I, and accept the ob <del>lications of,</del> Se <b>G</b>	2 and 607,1508, Florida Statut ida, Such ehenge was authoriz flon 607,0805, Florida Statutes	es, the above red by the con	named corpor rporation's boar	ration submits this statement for the pured of directors. I hereby accept the app	pointment as re	gistered	agent. I am
or registere familiar with	ed agent, or both, in the State of Flori it and accept the ob <del>ligations of,</del> Sec	ida. Such ehenge was authoriz flon 607,0805, Florida Statutes	red by the con 6.	rporation's boar	rd of directors. I hereby accept the app	prose of chang pointment as re	gistered	agent. I am
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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

1-24-16