PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G88866

COUNTRY INTERIORS, INC.

Principal Place of Business Mailing Address				T 10041111 BOOK (BEBY 1010) EBILLE OLIVIO BEST OLIV		
206 SUNSET LA	ANE	206 SUNSET LAND				
VALPARAISO FL 32580		VALPARAISO FL 32580		DO NOT WRITE IN TH	IIS SPACE	
บร		US		3. Date Incorporated or Qualifed	1007702	
	* · · · · · · · · · · · · · · · · · · ·			03/06/1984		`
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Аррі	lied For
21		26		59-2383228	Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Ad	Iditional
22	,	27		5. Certificate of Status Desired	Fee Req	uired
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 N	fay Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current year		٦ ا
24	25	29	30	Personal Property Tax.		□No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New Registere	a Agent	
DEC	K, LINDA S		81 Name			
-	SUNSET LANE		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
I	PARAISO FL 32580		83			
\ \VALI	FAITAISO I E 32300		63			
[84 City	F	85 Zip Co	ode
44.5		00 1 CO7 4500 Fl	as the phase sound corr	oration submits this statement for the purpose		enistered
office or r	registerall amount or both in the State	of Elhina Suchichanne was a	uthorized by the comporati	on's board of directions. I hereby accept the app	pointment as regi	stered
agent. I a	im familiar with, and accept the obliga	ations of, Section 607.0505/6-10	rida Statutes.	· (10) 41.	1-0	1
1						
SIGNATURE		and any other of anolicable (NOTE	Registered Agent signature require	d where reinstatings DATE	197	
	Signature typed or printed name of registered age		: Registered Agent signature require	d wher reinfating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
12.	Signature / typed or printed name of registered age OFFICERS Af	ent interdie if applicable. (NOTE ND DIRECTORS			AND DIRECTOR	RS IN 12
12.	Signature Apped or printed name of register degree OFFICERS AP	ND DIRECTORS	13.			
12. TITLE NAME	Signature Appear or printed name of registerage of PD PECK BROOME, LINDA S	ND DIRECTORS	13. 1.1 TITLE			
12. TITLE NAME STREET ADDRESS	Signature Append or printed name of registerlanding OFFICERS AN PD PECK BROOME, LINDA S 206 SUNSET LANE	ND DIRECTORS	13. 1.1 TITLE 1.2 NAME			
12. TITLE NAME	Signature Appear or printed name of registerage of PD PECK BROOME, LINDA S	ND DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS			
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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 of 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90169 046 ***150.00