
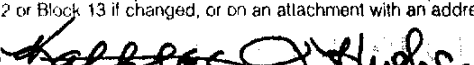


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # H10595 (7)					
1. Corporation Name CUSTOM PLUS INTERIORS, INC.					
Principal Place of Business 3615 N. W. 124TH AVENUE CORAL SPRINGS FL 33065			Mailing Address 3615 N. W. 124TH AVENUE CORAL SPRINGS FL 33065-2407		
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 06/26/1984 3a. Date of Last Report 08/06/1996	
21		26		4. FEI Number 59-2418586 Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent HUGHES, JOHN R. 1595 N.W. 85TH DRIVE CORAL SPRINGS FL 33065			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HUGHES, JOHN R.				
STREET ADDRESS	1595 NW 85TH DR				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	V	<input type="checkbox"/> DELETE			
NAME	HUGHES, JOHN R., III				
STREET ADDRESS	1595 N W 85TH DRIVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	HUGHES, DOUGLAS				
STREET ADDRESS	1595 N. W. 85TH DRIVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	HUGHES, ROBERT				
STREET ADDRESS	1595 N. W. 85TH DRIVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE	VS	<input type="checkbox"/> DELETE			
NAME	HUGHES, KATHLEEN J.				
STREET ADDRESS	1595 N. W. 85TH DRIVE				
CITY-ST-ZIP	CORAL SPRINGS FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	FITZGERALD, JOAN				
1.3 STREET ADDRESS	301 SW 7TH AVE				
1.4 CITY-ST-ZIP	NO. LAUDERDALE, FL				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  V KATHLEEN J. HUGHES 5/1/97 954-755-4991					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (9/96)