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

法犯罪 医乳生物

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

FILED PROFIT Mar 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # H14600 (1)RAIN FOREST INTERIORS, INC. Principal Place of Business Mailing Address 4721 N HESPERIDES ST P.O. BOX 151715 P O BOX 151715 TAMPA FL 33684 DO NOT WRITE IN THIS SPACE TAMPA FL 33684 3. Date Incorporated or Qualified 07/19/1984 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 21 26 59-2487540 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζip Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PARRULLI, JAMES 8023 FOUNTAIN AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33615** 83 84 City 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 office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby acceptant I am familiar with, and acceptant diligations of State of Florida Statutes. ames SIGNATURE Registered Agent signature required when reinstating OF ICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE Change Addition PARRULLI, JAMES NAME 1.2 NAME 8023 FOUNTAIN AVE. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DEL E TE Change Addition TITLE 2.1 TITLE NAME ROBERTS, DANIEL C. 2.2 NAME STREET ADDRESS 12316 ASHVILLE DR. 2.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME SMITH, DAVID 3.2 NAME STREET ADDRESS **14818 SHAW RD** 3 3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS

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 receiver or truefol empowered to recute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed own an attachment with all address.

SIGNATURE: SIGNATURE:

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6.3 STREET ADDRESS

Change

Addition

6.1 TITLE

6.2 NAME

DELETE