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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H77722

(7)

HOWARDS INTERIORS, INC.

FILED Jan 14 1997 8:00am Secretary of State



2. Principal Place of Business 2a. Mailing Address 4. FEI Num 21 26 59-28 Suite, Apt. #.etc. Suite, Apt. #.etc. Suite, Apt. #.etc.	
3. Date Inc. 09/25/ 2. Principal Place of Business	1985 02/19/1996
26 Suite, Apt. #, etc. Suite, Apt. #, etc.	
Suite, Apt. #, etc. Suite, Apt. #, etc.	This is a second of the second
Suite, Apt. #, etc. Suite, Apt. #, etc.	394943 Not Applicable
5. Certifica	ate of Status Desired
City & State City & State 6. Election	Campaign Financing \$5.00 May Be and Contribution Added to Fees
	poration has liability for intangible tax under s. 199.032
	Statutes
	and Address of New Registered Agent
HOWARD, RICK T. 81 Name	
8294 S.E. SANCTUARY DRIVE 82 Street Address (P.O. Box	Number is Not Acceptable)
HOBE SOUND FL 33455	
83	
84 City	FL 85 Zip Code
Signature, type-discrete agest and the along health in The Registered Agent signature required when reinstategy 12. OF FICERS AND DIRECTORS 13. ADDITION IN THE PD DELETE 1.3 THE	DATE NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Additio
NAME HOWARD, RICK T. 12 NAME	kund Onlings kund Noorite.
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CITY-ST-ZIP HOBE SOUND FL 1.4 CITY-ST-ZIP	
DELETE 2.1 THE	Change Additio
HOWARD, NANCY W. 2.2 NAME	
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AME 5.2 NAME	Similary Limit Children
STREET ADDRESS 5.3 STREET ADDRESS	
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	L) Change L] Adding
TITLE DELETE 6.1 TITLE	L.J Change L.J Adonic
TITLE DELETE 6.1 TITLE	L.J Criange L., Augino

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 4 changed, or on an attachment with an address.

SIGNATURES

BUCKER OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/6/97 Date

561-216-0221