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

**PROFIT** CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # J75244

Country

9. Name and Address of Current Registered Agent

(0)

2a. Mailing Address

City & State

Zφ

Suite, Apt #, etc

INTERIOR FLOORS, INC.

2. Principal Place of Business

HORNER, WARREN L. 2922 HAWTHORNE ST.

SARASOTA FL 34239

Suite, Apt. #, etc.

City & State

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Principal Place of Business	Mailing Address	
6207 MCINTOSH RD SARASOTA FL 34238	6207 MCINTOSH RD SARASOTA FL 34238-2710	

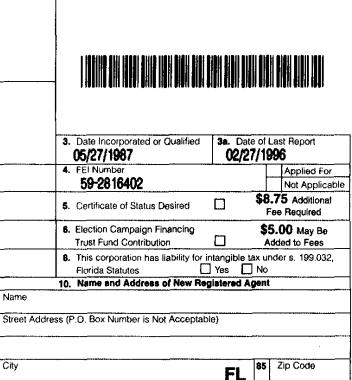
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**FILED** Jan 23 1997 8:00am Secretary of State



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

Country

81 Name

83 64 City

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SIGNATURE	Sloughing Aspert or printed name of registers (latter) and the	(and take Albert	E Registered Agent signature requi	red when reinstaling) DATE	
12.	OFFICERS AND DIRE	<del></del>	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	RS IN 12
TITLE	0	DELETE	1.1 TITLE	☐ Change	Addition
NAME	HORNER, WARREN L.		1.2 NAME		
STREET ADDRESS	2922 HAWTHORNE STREET		1.3 STREET ADDRESS		
City-St-ZiP	SARASOTA FL		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE	Change	Addition
			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	Change	Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4 1 TITLE	Change	Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CiTY-ST-ZIP		
TITLE		DELETE	51 TITLE	Change	Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CiTY-ST-ZIP		
TITLE		DELETE	61 TITLE	Change	Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-SI-ZIP			6.4 CITY - ST - ZIP		

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

SIGNATURE: