

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

FILED  
May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K39087

(7)

1. Corporation Name

HOTT INTERIORS, INC.

Principal Place of Business

2755 E OAKLAND PARK BLV  
SUITE 340  
FT LAUDERDALE FL 33306

Mailing Address

2755 E OAKLAND PARK BLV  
SUITE 340  
FT LAUDERDALE FL 33306-1629

3. Date Incorporated or Qualified  
10/13/1988

3a. Date of Last Report  
02/27/1996

2. Principal Place of Business

21. 5200 N. Federal Hwy.

Suite, Apt. #, etc.

22. Suite #2

City & State

23. Ft. Laud. Fl.

Zip

24. 33308

Country

25. USA

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip

29. Country

30. 33308

4. FEI Number  
65-0076478

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOTT, LINDA  
2755 E OAKLAND PARK BLVD.  
SUITE 107  
FT LAUDERDALE FL 33306

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:

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME HOTT, LINDA  
STREET ADDRESS 2755 E OAKLAND BLVD #250  
CITY- ST- ZIP FT LAUDERDALE FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

TITLE  
NAME  
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CITY- ST- ZIP

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3.1 TITLE  
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TITLE  
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☐ DELETE

4.1 TITLE  
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4.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

☐ DELETE

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/97 954-563-1976

0002339

CR2E034 (9/96)

May 19, 1997

# *Hott Interiors Inc.*

2755 E. Oakland Park Blvd.

Suite 250

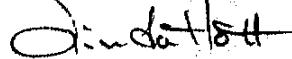
Fort Lauderdale, FL 33306

(305) 565-1976 Fax (305) 566-4575

To Whom It May Concern,

I was a victim of a car accident on April 8, 1997. I was unable to return to work for a few weeks and then only on a part time basis. This situation has put my financial obligations behind. I would deeply appreciate any consideration given to me in this unfortunate circumstance in regards to my corporate report. I am enclosing a check for the original amount of \$165.00. If this is unacceptable I will pay the balance upon request.

Thank You,



Linda Hott

FLORIDA HIGHWAY PATROL

VEHICLE EXCHANGE INFORMATION

This form has been designed to assist all parties in making an immediate report to their insurance company. If you have no insurance, write "none" opposite item 10.

DATE OF ACCIDENT 8 April 97  
LOCATION OF ACCIDENT I-95 Just South off ex 30 North Bound  
DRIVER'S NAME Jay R Morehouse  
ADDRESS 9389 castner RD hickory NC  
BUSINESS PHONE 704 322 3588 HOME PHONE 704 397 6184  
YEAR AND MAKE OF AUTOMOBILE 89 Kenworth  
LICENSE NUMBER 7830477 STATE NC  
NAME OF OWNER Foot Hills Trains Ken Graham  
ADDRESS OF OWNER PO Box 192 conover NC 704 322-1380  
INSURANCE COMPANY OR AGENT (LIABILITY) Select insurance company POLICY NO. GS5833718  
INVESTIGATING OFFICER'S NAME PER. MORAN #1620

61041 (REV. 1/84)

WHEN COMPLETED EXCHANGE WITH DRIVER OF OTHER VEHICLE

800 723-3658  
Mike Curry Marianne Morales / adjuster