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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13, 1999 8:00am

Secretary of State

02-13-1999 90025 028 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L22596 1. Corporation Name

INTERIORS BY BOCCO, INC.

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Principal Plac	e of Business	Mailing Address					DIAJE IBĖJO DĖJA DAI		CANCESTAL CANCE
% PATRICIA A DADDURNO 20975 SHADY VISTA LN BOCA RATON FL 33428 8 PATRICIA A DADDURNO 20975 SHADY VISTA LN BOCA RATON FL 33428						DO NO	r WRITE IN TH	IIS SPACE	
					3.	. Date Incorporated or Qu 09/27/1989	alifed.		
2. Principal P	Place of Business	2a. Mailing Address			4.	FEI Number 65-0169336	•	<u> </u>	olied For Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5.	. Certificate of Status Des	red 🗆	\$8.75 A Fee Re	
City & State		City & State			. 6.	Election Campaign Fina Trust Fund Contribution	ncling	\$5.00 Added to	
Zip	Country 25	Zip 29	Countr	у	8.	. This corporation owes the Personal Property Tax.	e current year		□No
 1	9. Name and Address of Curr				10.	, Name and Address of	New Register	ed Agent	~~~
DAD	DURNO, PATRICIA A.		8				_		
20975 SHADY VISTA LN BOCA RATON FL 33428			8:		Address (P.O. Box Number is Not Acceptable)				
Вос	SA IMION IE GOIEG		84					85 Zip C	ode .
				- Only		•	. F	L 3 2 5	
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office or r agent. I a	to the provisions of Sections 607.03 registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au	ithorized by	y the corpo	corporatio oration's b	on submits this statement i loard of directors. I hereby	accept the app	pointment as reg	gistered
office or r	registered agent, or both, in the Stat am familiar with, and accept the obli	te of Florida. Such change was au gations of, Section 607.0505, Flori	ithorized b ida Statute	y the corpo	oration's b	poard of directors. I hereby	accept the ap	or changing its continuent as reg	pistered
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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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP