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 # L32550

(0)

Mailing Address

TRIM LINE INTERIORS, INC.

Principal Place of Business

FILED Jan 24 1997 8:00am Secretary of State

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10001 S. DIXI MIAMI FL 331		10001 S. Dixie Hwy. Miami Fl 33156-3145							
					11/27/1989 03			Date of Last Report 3/12/1996	
· ·	Place of Business	2a. Mailing Address			4. FEI Number			Applied For	
21		26			65-0279865			Not Applicable	
Suite, Apl	l. #, etc	Suite, Apt. #. etc.			I B L'entricate of Status Desired I I			Additional equired	
City & Sta	ile	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Country 25	Ζ(p 29	Count	ry	8. This corporation			iax unuoi s TNo	150.002
	9. Name and Address of Cur-		100		10. Name and Ad			gent	
CC	OLLINS, LESTER		8	1 Name	ware. Nai	2011			
10001 S. DIXIE HWY.				82 Street Address (P.O. Box Number ig Not Acceptable)					
MU	AMI FL 33156		į	3	ami II	32/		·····	
			ē	4 City	-///		FL	85 Zip	Code
11. Pursuan	I to the provisions of Sections 607 0	502 and 607.1508, Florida Stat	tutes, the abo	ve-named cor	poration submits this s	tatement for the p	ournose of	changing it	s registered
office or	registered agent, or both, in the Stram familiar with, and accept the ob-	ate of Florida, Such change was locations of Section 607 0505.	s authorized	by the corpora	ation's board of directo	rs. I hereby accer	ot the appo	ointment as	registered
	Marie	Million 11	1011			1-15-	97		
SIGNATURE.	Separation appeal or provide them of the orderest		OTE: Registered A	Agont signature requ	rired when reinstating)		DATE	,	
12.	OFFICERS /	AND DIRECTORS	13.		ADDITIONS/CH	ANGES TO OFFIC	CERS AND	DIBECTOR	RS IN 12
TILE	P	DELETE	1.1 TITE	£	P / 8ES.			Change	Addition
NAME	COLLINS, LESTER		1.2 NAM	ι \mathcal{U}	vare Nanc	11 C			
STREET ADDRESS	10000 0 11 00111 01		1.3 STRE	EET ADDRESS /	P 1885. Vare Nand 1945 3 W Mikmi Fl	! 1/951			
City-ST-2iP	MIAMI FL		1.4 CITY	-ST-71P	MIRMI FI	331	76		
THILE	VP	DELETE	2 1 TITL	·				Change	Addition
NAME	COLLINS, KATHLEEN		2.2 NAM	IE .					
STREET ADORESS	,		2.3 STR	ET ADDRESS					
C(1Y - ST - Z(F	MIAMI FL		2. 4 CIT	r-ST-ZIP					
TITLE	ST	DELETE	3.1 TiTL	:	NP/True NAC , RIC 10945 SW MIAMI FI	suc		Change	Addition
NAME	WARE, NANCY C.		3.2 NAM		MYC KIC	hara			
STREET ADDRESS	10965 SW 119TH ST		3 3 STR	EET ADDRESS	10045 SW	1195%			
CITY ST ZP	MIAMI FL	·	3.4. CiT	r - ST - ZIP	MIANI FI	3317	6		
Tit:E		DELETE	4 1 TITL	E				Change	Addition
NAME			4 2 NAM	at]					
STREET ADDRESS	ş ∮		4.3 STRI	EET ADDRESS					
CITY - ST - ZIP	1		4.4 CITY	-S1-ZIP					
TITLE		☐ DELETE	5.1 TITL	E				Change	Addition
NAMÉ			5.2 NAM	IE					
STREET ADDRESS	5		5.3 STR	EET ADDRESS					
City-St. ZiP	J		5.4 CITY	-ST-ZIP					
TITLE		DELETE	6.1 TITL	E				Change	Addition
NAME			62 NAM	IE					
STREET ADDRESS	3		6.3 STR	EET ADDRESS					
CiTY+ST-7IP			64.000	I-ST-ZIP					

14. If 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 chargied, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PHYSTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-97

Daytime Phone #