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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L57987

1. Corporation TRUDI FC	Name LS7 907 OSTER INTERIORS, INC.								
Principal Place	of Business	Mailing Address							
510 LAKE AVE. LAKE WORTH FL 33460 510 LAKE AVE. LAKE WORTH FL 33460						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						03/12/1990		•	
Principal Place of Business 2a. Mailing Address						4. FEI Number		Ap	plied For
	ace of Business	26				65-0175615			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certifcate of Status Desired		\$8.75 / Fee Re	Additional equired
City & State	<u> </u>	City & State		_		6. Election Campaign Financing		\$5.00	
23	•	28				Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the curr	ent year Int		No
24	25	29	30			Personal Property Tax.		Yes	MZ INO
	9. Name and Address of Curr	ent Registered Agent		041	N	10. Name and Address of New I	Registered	Agent	
				81	Name				
FOSTER, TRUDY 510 LAKE AVE. LAKE WORTH FL 33460				82	Street Addre	ess (P.O. Box Number is Not Accept	able)	idea a se cons	
				83					
				84	City	pration submits this statement for the in's board of directors. I hereby acce	FL	_ "	Code THE SE
SIGNATURE 12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NO AND DIRECTORS	TE: Registere		signature required	ADDITIONS/CHANGES TO OF	DATE EICERS AI	ND DIRECTO	ORS IN 12
			_				TIOLINO A		□ Addition
TITLE	D	☐ DELETE	i	TTLE		ADDITIONS/CHANGES TO OF	TICEROA	☐ Change	Addition
TITLE NAME	FOSTER, TRUDY		1.2 N	TTLE NAME			TIOLICOA		Addition
(FOSTER, TRUDY 510 LAKE AVE.		1.2 N 1.3 S	TTLE NAME STREET	ADDRESS		TIQENO A		☐ Addition
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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.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/24/99 Dat

FILED

Feb 15, 1999 8:00am

Secretary of State

02-15-1999 90037 032 ***150.00

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