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

PROFIT CORPORATION ANNUAL REPORT

1999

21

22

23

24

Zip

Suite, Apt. #, etc.

City & State



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

Zip

27

28

DOCUMENT # L65808

FRED HIND INTERIORS, INC.

01-27-1999 90008 036 ***150.00 Principal Place of Business Mailing Address 4195 S TAMIAMI TRAIL 1414 GLENEAGLES DR VENICE FL 34292 DO NOT WRITE IN THIS SPACE VENICE FL 34293 3. Date Incorporated or Qualifed US 04/13/1990 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 65-0167734 26

DOWD & RYDER, CPA. PA 1521 S. TAMIAMI TRAIL, SUITE 303 VENICE FL 34292

25

Country

9. Name and Address of Current Registered Agent

	Personal Property Tax.
	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City FL 85 Zip Códè
	f the registered

8. This corporation owes the current year Intangible

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

FILED

Jan 27, 1999 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 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.

Country

30

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		S IN 12
TIME D DELETE 11 TIME 65 9707334] Change	Addition
NAME HIND, FRED 1.2 NAME		
STREET ADDRESS 4195 S. TAMIAMI TRAIL 1.3 STREET ADDRESS		
CITY-ST-7IP VENICE FL 14 CITY-ST-7IP		
TITLE DELETE 2.1 TITLE	_ Change	Addition
NAME : 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 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2		
STREET ADDRESS 3.3 STREET ADDRESS	3 5 5 3	2 SEP 1991
0TV ST 7IP 34. CITY-ST-ZIP 34. CITY-ST-ZIP	李節是持續	1946
TIME DELETE 41 TITLE TO A TO	Change 💯	Addition
NAME		1
STREET ADDRESS 4.3 STREET ADDRESS		
CITY-ST-ZIP 4.4 CITY-ST-ZIP		
TILE DELETE 5.1 TILE	Change	Addition
NAME 52 NAME		[
STREET ADDRESS		Ì
CITY_ST-ZIP 5.4 CITY_ST-ZIP		
TITLE DELETE 6.1 TITLE	Change	☐ Addition
NAME 6.2 NAME		
STREET ADDRESS 6.3 STREET ADDRESS		
CITY-ST-ZIP 6.4 CITY-ST-ZIP	11 4 46 - 2-6	

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 trastee 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:

\$8.75 Additional

Fee Required

\$5.00 May Be

-- Added to Fees -

ΠNο