Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90096 039 \*\*\*150.00

## 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 # L68316

1. Corporation Name

EVE SEN	MEL INTERIORS, INC.						
Principal Place	of Business	Mailing Address			i faditati asa atigi igiba ilidi tidih gili gibit a	1847 B1811 61811 61	g ++ W1811 (80)
3760 INVERRARY DRIVE LAUDERHILL FL 33319  3760 INVERRARY DRIVE LAUDERHILL FL 33319					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed 04/26/1990		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Apr	lied For
21 26					65-0189896	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc					5. Certificate of Status Desired	\$8.75 A	
22							·
City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees		
Ζίρ	Country Zip Cou				This corporation owes the current year Int     Personal Property Tax.		□No
24	9. Name and Address of Current	<del></del>		145	10. Name and Address of New Registered	Agent	
3. Name and Address of Content Registered Agent				Name			
SEMEL, EVE			82	Street Addr	t Address (P.O. Box Number is Not Acceptable)		
3760 INVERRARY DRIVE LAUDERHILL FL 33319			83	_			
ENODERHILL I E 300 19							
			84	City	FL	85 Zip C	ode
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 agen	t and trite if applicable. (NOTE: Reg	istered Agen	t signature require	d when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS AN		
πιε			1.1 TITLE			Change	Addition
NAME	Ochice, Eve		1.2 NAME		•		
STREET ADDRESS	0700 11112111 011112		1.3 STREET	1			
C/TY-ST-ZIP			1.4 C/TY-S]	T-ZIP		Change	Addition
TITLE			2.2 NAME		•		
NAME STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP	and the second s		2.4 CITY-S	- , -	The second secon		
TITLE .		. DELETE 3.11				☐ Change	☐ Addition
NAME	• •		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADORESS		•	Ì
CITY-ST-ZIP			3.4. CITY-S	T-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE			. Change	C Vocanous
NAME			4.2 NAME	r ADDRESS	•		
STREET ADDRESS	,	-	4.4 CITY-S		~~		Ì
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	,		Change	Addition
NAME			5.2 NAME		• •		
STREET ADDRESS	ESS . 5.3S		5.3 STREET	TADDRESS .			
CITY-ST-ZIP			5.4 CITY-S	T-ZIP			

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 of 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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

**SIGNATURE:** 

TITLE

DELETE

Change

Addition