

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

FILED

Feb 06 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L76661 (2)
 1. Corporation Name
CORAL CUSTOM INTERIORS, INC.



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| Principal Place of Business 4100 NORTH POWERLINE ROAD POMPANO BEACH FL 33070 | Mailing Address 4100 NORTH POWERLINE ROAD POMPANO BEACH FL 33073-0000 |
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| 3. Date Incorporated or Qualified 05/31/1990 | 3a. Date of Last Report 03/05/1996 |
| 4. FEI Number 65-0194108 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|---|--|
| 2. Principal Place of Business 21 12298 Wiles Road Suite, Apt. #, etc. | 2a. Mailing Address 26 12298 Wiles Road Suite, Apt. #, etc. |
| 22 City & State 23 Coral Springs FL | 27 City & State 28 Coral Springs FL |
| 24 Zip 33076 | 25 Country USA |
| 29 Zip 33076 | 30 Country USA |

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| 9. Name and Address of Current Registered Agent WALKER, JAMES J. 4100 NORTH POWERLINE RD UNIT F-3 POMPANO BEACH FL 33073 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 12298 Wiles Road 83 84 City Coral Springs FL 85 Zip Code 33076 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|---|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | DPT WALKER, JAMES J. |
| STREET ADDRESS | 4100 NORTH POWERLINE ROAD UNIT F-3 |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | DVS WALKER, BARBARA J. |
| STREET ADDRESS | 4100 NORTH POWERLINE ROAD UNIT F-3 |
| CITY-ST-ZIP | POMPANO BEACH FL |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | 12298 Wiles Road |
| 1.4 CITY-ST-ZIP | Coral Springs, FL 33076 |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | 12298 Wiles Road |
| 2.4 CITY-ST-ZIP | Coral Springs, FL 33076 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I 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 changed, or on an attachment with an address.

SIGNATURE: _____ 1-28-97 954-752-7800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)