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PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT #

1. Corporation Name



L83347

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 30, 1999 8:00 am Secretary of State 04-30-1999 90019 004 ***150.00

ALLTHO	INTERIORS, INC.											
Principal Place	of Business	Mailing Add	dress					IHII) BIBII (BA		() BIGIT B		
4119 N. S.R. 7 SUITE 876 FT. LAUDERDALE FL 33319		4119 N. S.R. 7 Suite 876 Ft. Lauderdale FL 33319				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed						
							06/26/1990					
2. Principal Pl	ace of Business	2a. Mailing	Address	-			4. FEI Number			T	Appl	lied For
21		26					65-0200834				Not.	Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				5. Certificate of Status Desi	red 🗆	1			ditional
22		27					5. Certificate of Status Desi		·	Fe	e Req	uired
City & State	9	City &	State				6. Election Campaign Final	ncing [7	١.			fay Be
23		28					Trust Fund Contribution			-	led to	Fees
Zip	Country	Zip	Г	Countr	ry		8. This corporation owes th	e current y	ear Intai	ngible 22 Yes	_]No │
24	25	29		30			Personal Property Tax. 10. Name and Address of	New Regis	stered A	<u> </u>		7140
	9. Name and Address of Curre	ent Registered Af	gent	8	1 Na	ame	TO. Maille and Address C.	NOW INOUGH	3101047			
SHFI	EHAN, DANIEL F.											
	SW 56TH ST	•		8	12 St	reet Addre	ess (P.O. Box Number is Not A	cceptable)				Ì
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				84	i4 Ci	ty	•		FL	85	Zip Co	, l
office or re	egistered agent, or both, in the Stat	e of Florida. Such	change was au	thorized b	y the	corporation	n's board of directors, I nereby	accept an	oppo			stered
agent. I a	m ramiliar with, and accept the oblig	gent and title if applicable	. (NOTE: 1	ua Statute			ration submits this statement fn's board of directors. I hereby when reinstating) ADDITIONS/CHANGES 1		DATE			
agent. I a	m familiar with, and accept the oblig Signature, typed or printed name of registered at OFFICERS A	jauons or, Section	. (NOTE: 1	Registered Ag	gent sign		when reinstating)		DATE		CTOF	
agent. 1 as SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable	. (NOTE: F	Registered Ag	gent sign		when reinstating)		DATE	D DIRE	CTOF	RS IN 12
agent. 1 at SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A DPT SHEEHAN, DANIEL F.	gent and title if applicable	. (NOTE: F	Registered Ag 13. 1.1 TITLE	gent sign E E	ature required	when reinstating)		DATE	D DIRE	CTOF	RS IN 12
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agent. 1 at SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered et OFFICERS ADPT SHEEHAN, DANIEL F. 6621 SW 56TH ST DAVIE FL	gent and title if applicable	. (NOTE: F	Registered Ag 13. 1.1 TITLE 1.2 NAME 1.3 STRE	gent sign E E E ET ADD	RESS	when reinstating)		DATE	D DIRE	CTOR	RS IN 12
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CTTY-ST-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 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: