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Mar 26 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # M11038 (0)

1. Corporation Name
JEANNE BOOTH INTERIORS, INC.



Principal Place of Business: **350 SEVILLA STE 108 CORAL GABLES FL 33134 US**

Mailing Address: **350 SEVILLA STE 108 CORAL GABLES FL 33134-6617 US**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-29) fields with sub-fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **02/06/1985**

3a. Date of Last Report: **04/24/1996**

4. FEI Number: **59-2499387**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
MCCARTHY, JANA R
140 NAVAJO STR
MIAMI SPRINGS FL 33166

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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 (DELETE)

1. NAME: **P BOOTH, JEANNE M.**

2. STREET ADDRESS: **350 SEVILLA STE.110**

3. CITY-ST-ZIP: **CORAL GABLES FL**

4. TITLE: _____

5. NAME: _____

6. STREET ADDRESS: _____

7. CITY-ST-ZIP: _____

8. TITLE: _____

9. NAME: _____

10. STREET ADDRESS: _____

11. CITY-ST-ZIP: _____

12. TITLE: _____

13. NAME: _____

14. STREET ADDRESS: _____

15. CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (CHANGE/ADDITION)

1. TITLE: _____

2. NAME: _____

3. STREET ADDRESS: _____

4. CITY-ST-ZIP: _____

5. TITLE: _____

6. NAME: _____

7. STREET ADDRESS: _____

8. CITY-ST-ZIP: _____

9. TITLE: _____

10. NAME: _____

11. STREET ADDRESS: _____

12. CITY-ST-ZIP: _____

13. TITLE: _____

14. NAME: _____

15. STREET ADDRESS: _____

16. 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; that I am 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: *Jeanne M Booth* 3-20-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)