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

**PROFIT** CORPORATION ANNUAL REPORT

1998

COHN, ALAN B



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M36426

(8)

INTERIOR TECHNOLOGY SERVICES, INC.

Principal Place of Business	Mailing Address		
1103 N.E. 34TH COURT OAKLAND PARK FL 33334	P.O. BOX 7006 FT. LAUDERDALE FL 33338		
2. Principal Place of Business	2e. Mailing Address		
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

5. Certificate of Status Desired Fee Required City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Zip Country aeY 🔀 □ No 30 Personal Property Tax due June 30. 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent

2021 TYLER STREET 82 HOLLYWOOD FL 33020

Street Address (P.O. Box Number is Not Acceptable) City Zip Code 84

3. Date Incorporated or Qualified

08/07/1986

59-2718513

4. FEI Number

**FILED** 

Feb 10 1998 8:00am

Secretary of State

DO NOT WRITE IN THIS SPACE

11. Pursuant to the provisions of Sections 607.05:02 and 607.15:08, 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 Londa. 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 607.05:05, Florida Statutes.

SIGNATURE	Signature, typind or printed name of registered agent and fitte if applicable	(NOTE: Registered Agent signature require	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPS DELETE	11 TITLE	Change Add
NAME	PERKINS, RICHARD S	1.2 NAME	
STREET ADDRESS	105 LAKE EMERALD DRIVE #816	1.3 STREET ADDRESS	
CITY-ST-ZIP	OAKLAND PARK FL 33309	1.4 CITY-ST-ZIP	
TITLE	DELETE	2 1 TITLE	Change Add
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Add
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Change Add
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	Change Add
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY - ST - ZIP	
THTLE	DELETE	6.1 TITLE	Change Add
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	

14. 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 one attachment with an address.

SIGNATURE:

CITY-ST-ZIP

RICHARD S. PERKINS 2-2-98

(954) 537-0406

Applied For

\$8.75 Additional

Not Applicable