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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(9)

FLORIDA INTERIOR PLANTS, CORP.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address							I (BILLET) (A) A(1)) ALIAS (ALOS 1)) IR ATTI A) AND ATTICATED AND IN BIRLINGS		
	3245 SW 16		23245 SW 162 AVENUE						
HOMESTEAD FL 33031			HOMESTEAD FL 33031	HOMESTEAD FL 33031			DO NOT WRITE IN THIS SPACE		
İ							3. Date Incorporated or Qualified		
							04/23/1987		
2.	Principal Pl	ace of Business	2a. Mailing Address					Applied For	
21			26	26				Not Applicable	
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				5 Additional	
22			27				Fee	Required	
	City & State	9	City & State	 				May Be	
23	Zip	Country	28 7 _{(D}	Z _{IP} Country					
24	Ζip	25	├ ─¬	30			8. This corporation owes or has paid the current year Personal Property Tax due June 30.	No	
24]		9. Name and Address of Cu		30	, <u>o</u>		10. Name and Address of New Registered Agent		
	MA	LAND, ROBERT C.			B1	Name			
9100 SOUTH DADELAND BLVD.).		B2	Street Add	iress (P.O. Box Number is Not Acceptable)		
ONE DATRAN-CENTER 1409				or off Add		Sireer Nooi	reas (1.0. box reamber to that / teachtable)		
MIAMI FL 33156					83				
					64	City	85 Zi	ip Code	
						,	₽L¦		
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, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE									
12			S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12	
TIT	LE	D	☐ DELETE	1.1 TITLE			☐ Chang	je 🔲 Addition	
NA	ME	TAI, WAYNE		1.2 NAME					
STF	REET ADDRESS	23245 SW 162 AVE		1.3 STREET ADDRESS		ADDRESS			
	Y-ST-ZIP			_	ITY - S'	T-ZIP		1 1 4 4 5 5 5 5	
111		VO	☐ DEL E TE				Chang	e	
NA	-	EVELYN, JIM 23245 SW 162 AVE		2.2 N					
	REET ADDRESS	HOMESTEAD FL				ADDRESS			
_	01		DELETE	DELETE 3.1 TITI		ST-ZIP	☐ Chang	e Addition	
TIT!			- orecit	3.2 NAME					
	REET ADDRESS					ADDRESS		ĺ	
	Y-ST-ZIP					ST-ZIP			
_	TILE		DELETE			-	☐ Chang	e Addition	
NA	1			4.21	AME				
STI	STREET ADDRESS			4.3 STREET ADDRESS		ADDRESS			
CIT	City-St-ZiP			4.4 CITY - ST - ZIP		T-21P			
TIT				5.1 TI	TLE		☐ Chang	e 🔲 Addition	
NA	NAME		i	5.2 NAME				1	
STE	REET ADDRESS			5.3 \$	TREET	ADDRESS		1	
CIT	Y-ST-ZIP			5.4 C	TY-\$	T- ZIP			
TET	LE		☐ DELETE	6.1 To	TLF		Chang	je 🔲 Addition	
NA	ME			6.2 N	AME			ļ	
STI	REET ADDRESS			6.3 S	TREET	ADORESS		Į	
СП	Y-ST-ZIP			6.4 C	ITY-S	IT-ZIP			

14. I hereby certify that the information supplied with this filing does not quality 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 repower or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address.

1/2/160