

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # M76069

(7)

1. Corporation Name

HY-TECK INTERIORS, INC.

FILED  
95 JUL 28 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

P.O. BOX 16935  
PLANTATION FL 33318

P.O. BOX 16935  
PLANTATION FL 33318

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

3. Date Incorporated or Qualified

3a. Date of Last Report

04/11/1988

05/01/1994

4. FEI Number

65-0058499

Applied For  
Not Applicable

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

10. Name and Address of New Registered Agent

AHLSTROM, ROBIN D.  
10732 LAGO WELLEY DRIVE  
SUNRISE FL 33351

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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

(Signature of person or persons of registered agent and their qualifications)

(Initials, Registered Agent signature required when vacating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                   |
|----------------|-------------------|
| TITLE          | P                 |
| NAME           | AHLSTROM, MARK A  |
| STREET ADDRESS | 1117 HERON AVE    |
| CITY ST ZIP    | MIAMI SPRINGS FL  |
| TITLE          | VST               |
| NAME           | AHLSTROM, ROBIN D |
| STREET ADDRESS | 1117 HERON AVE    |
| CITY ST ZIP    | MIAMI SPRINGS FL  |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY ST ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY ST ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY ST ZIP    |                   |
| TITLE          |                   |
| NAME           |                   |
| STREET ADDRESS |                   |
| CITY ST ZIP    |                   |

|                   |                                                                   |
|-------------------|-------------------------------------------------------------------|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |                                                                   |
| 13 STREET ADDRESS |                                                                   |
| 14 CITY ST ZIP    |                                                                   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |                                                                   |
| 23 STREET ADDRESS |                                                                   |
| 24 CITY ST ZIP    |                                                                   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |                                                                   |
| 33 STREET ADDRESS |                                                                   |
| 34 CITY ST ZIP    |                                                                   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |                                                                   |
| 43 STREET ADDRESS |                                                                   |
| 44 CITY ST ZIP    |                                                                   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |                                                                   |
| 53 STREET ADDRESS |                                                                   |
| 54 CITY ST ZIP    |                                                                   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |                                                                   |
| 63 STREET ADDRESS |                                                                   |
| 64 CITY ST ZIP    |                                                                   |

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119 (07)(jk), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Printed)

CR2E034 (3/95)