

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M78024** (0)

1. Corporation Name

A & B INTERIOR DESIGNS, INC.



Principal Place of Business

**80 HWY 97
MOLINO FL 32577**

Mailing Address

**80 HWY 97
MOLINO FL 32577**

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/26/1988 | 3a. Date of Last Report 06/23/1995 |
| 4. FET Number 59-2887595 | Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCBROOM, AMY J
80 HWY 97
MOLINO FL 32577**

| | |
|---|----------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0602 and 607.1503, 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, typed or printed name of registered agent and the applicable date

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | MCBROOM, CLAUDE W JR. | |
| STREET ADDRESS | 80 HWY. 97 | |
| CITY - ST - ZIP | MOLINO FL 32577 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MCBROOM, AMY J | |
| STREET ADDRESS | 80 HWY. 97 | |
| CITY - ST - ZIP | MOLINO FL 32577 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| | |
|--|---|
| 1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1. NAME | |
| 1. STREET ADDRESS | |
| 1. CITY - ST - ZIP | |
| 2. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME | |
| 2. STREET ADDRESS | |
| 2. CITY - ST - ZIP | |
| 3. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3. NAME | |
| 3. STREET ADDRESS | |
| 3. CITY - ST - ZIP | |
| 4. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4. NAME | |
| 4. STREET ADDRESS | |
| 4. CITY - ST - ZIP | |
| 5. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. NAME | |
| 5. STREET ADDRESS | |
| 5. CITY - ST - ZIP | |
| 6. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME | |
| 6. STREET ADDRESS | |
| 6. CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 employed 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: Claude W. MCBroom Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-96

587-2018

CR2E034 (12/95)