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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M94605

(6)

LM INTERIORS, INC.

Principal Place of Business

Mailing Address

5264 N UNIVERSITY OR

5264 N UNIVERSITY OR

**FILED** May 02 1997 8:00am Secretary of State



LAUDERHILL FI US	L 33351	LAUDERHILL FL US	33351-5018						
						3. Date Incorporated or Qualified 08/16/1988	3a. Date o		eport
	ace of Business	2a. Mailing Add	'ess	,		4. FEI Number		Ap	plied For
21		26				65-0078666	,	No	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.			5. Certificate of Status Desired		8.75 A	Additional equired
City & State	9 .	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	May Be to Fees
Zip	Country	Zip		Country	/	8. This corporation has liability for i	ntangible tax	under s	199.032
24	25	29	30			Florida Statutes	Yes 🔲 N	10	
	9. Name and Address of Curren	t Registered Agent			·	10. Name and Address of New Re	gistered Age	nt	
	HARDSON, ERNEST			81	Name				
	4 NW 128 AVE.			82	Street Ad	dress (P.O. Box Number is Not Acceptab	le)	<del></del>	,
SUN	I <b>rise</b> Fl 33323			100	ļ				
				83	}				
				84	City		FL 8	<b>5</b> Zip (	Code
15 Durement t	to the provisions of Sections 607 050	2 and 607 1508 Flori	da Statutos th	o abov	o-pamed co	rnoration submits this statement for the n		anging it	e reciptored
office or re agent. I as SIGNATURE	egi <b>stere</b> d agent, or both, in the State m familiar with, and accept the obligi	of Florida. Such char ations of, Section 607	ige was autho .0505, Florida	rized by Statule:	y the corpor s.	rporation submits this statement for the p ation's board of directors. I hereby accep	ol the appoint	ment as	registered
	Signature, typed or printed name of registered ago				ent signature req	uired when reinstating)	DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC			
TITLE	PIOLIADDOON PONCOT	□ 0		1 1 1DLF	•			Change	Addition
NAME	RICHARDSON, ERNEST 1274 N.W. 126TH AVE.			12 NAME		•			
STREET ADDRESS	SUNRISE FL 33323			1.3 \$1REE1	ADDRESS				
CITY-ST-ZIP	VP			1.4 City - 9	ST - ZIP				
TITLE	LASKY, BERNARD	□ <sup>□</sup>		2.1 THLE			لسا	Change	Addition
NAME	9652 NW 28TH ST			2.2 NAME					
STREET ADDRESS	CORAL SPRINGS FL		1		I ADDRESS				
CITY-SY-ZIP	OUTUL OF MINOS I L			2. # CITY -	S1 - 7(P			Change	Addition
TITLE		ں بے		3.1 TITLE			Ц	онануе	— MODITOR
NAME			1	3.2 NAME					
STREET ADDRESS			ľ		ADDRESS				
CITY-ST-ZIP				3.4. CITY- 4.1 TITLE	SI-ZIP		———	Change	Addition
NAME				4. 2 NAME				o mango	
STREET ADDRESS				•	I ADDRESS				
CITY-ST-ZIP				4.4 CHTY - 3	- 1				
TITLE	-5	D		5.1 THLE	-			Change	Addition
NAME	· ·	_		5.2 NAME			_	•	·
STREET ADORESS	1				ADDRESS	•			
CITY-ST-ZIP				5 4 CHY-5	· 1 ·	•			
TITLE		□ D		6.1 TALE	V. 411			Change	Addition
NAME			L	6.2 NAME	1		_	•	
STREET ADDRESS					1 ADDRESS				
CITY-ST-ZIP			i i	6.4 CHTY - 1					
				2					

I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this arrival 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 fine corporation or the receiver or justee 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, if on an attachment with an address.