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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P93000006672

CITY-ST-ZIP

SUSAN KNIGHT INTERIORS, INC.

Principal Place	of Business	Mailing Address				-			18818 (16) (46)
C/O 4691 NORTH UNIVERSITY DRIVE		C/O 4691 N. UNIVERSITY DRIVE							
SUITE 201	SUITE 201	E 201			DO NOT WIDITE	. IN THE C			
CORAL SPRINGS FL 33067 CORAL SPRINGS FL 33067			3067			DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed 01/25/1993			
2 Original Di	ace of Business	2a. Mailing Address				4. FEI Number		An	plied For
	ace of pasitiess	26				65-0388961		<del> </del>	t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.						\$8.75	Additional
22	,, 0.0.	27				5. Certifcate of Status Desired		Fee Re	quired
City & State	9	City & State			4	6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added 1	to Fees
Zip	Country	Zip	Col	ıntry		8. This corporation owes the current			<b>—</b>
24	25	29	30	,		Personal Property Tax.		Yes	□No
	9. Name and Address of Cui	rrent Registered Agent		-		10. Name and Address of New Re	gistered Aç	jent	_
CHE	an Knight			81	Name	·			
	FALLS LANE			82	Street Addr	ess (P.O. Box Number is Not Acceptable	e)		
	E 114								_
l	KLAND FL 33067			83					
170	ALMID I E 33007			84	City		FL	85 Zip (	Code
		5500 LOOT (500 51 11 0	A A A A Aba a	1		anation cub mits this statement for the su		anging ite	registered
l office or re	egistered agent, or both, in the St.	ate of Florida. Such change w	as autronze	a ov in	named corpo ne corporatio	oration submits this statement for the pun's board of directors. I hereby accept	the appointr	nent as re	gistered
agent. I ai	m familiar with, and accept the ob	ligations of, Section 607.0505,	, Florida Stat	tutes.					
SIGNATURE									
1	Clearly as heard as printed some of conjetered	pagest and title if applicable (	NOTE: Registers	1 Acent s	signature required	d when reinstating)	DATE		
	Signature, typed or printed name of registered OFFICERS		NOTE: Registered		signature required	d when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	ORS IN 12
12.		agent and title if applicable. (if AND DIRECTORS	13.		signature required		CERS AND	DIRECTO	OR\$ IN 12
	OFFICERS P	AND DIRECTORS	13. E 1.1 T		signature required		CERS AND		
12.	OFFICERS	AND DIRECTORS	13. E 1.1 T	ME			CERS AND		
12. TITLE NAME STREET ADDRESS	P KNIGHT, SUSAN	AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S	TTLE IAME	DORESS		CERS AND		☐ Addition
12. TITLE NAME	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	ITLE IAME TREET AL	DORESS		CERS AND		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C	TREET AL STY-ST-Z	DORESS		CERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS	13. E 1.1 T 1.2 N 1.3 S 1.4 C E 2.1 T 2.2 N	TREET AL STY-ST-Z	DORESS ZIP		CERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI	13. E 1.1T 1.2N 1.3 S 1.4 C 2.1T 2.2N 2.3 S 2.4 C	TTLE  AME  TREET AI  ITTLE  TTLE  AME	DORESS ZIP		CERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS	13. E 1.1T 1.2N 1.3 S 1.4 C 2.1T 2.2N 2.3 S 2.4 C	TTLE  IAME  TREET AI  ITY-ST-Z  ITLE  IAME  TREET AI  CITY-ST-Z	DORESS ZIP		CERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI	13. E 1.1T 1.2N 1.3 S 1.4 C 2.1T 2.2N 2.3 S 2.4 C	TTLE TREET AL STY-ST-Z TTLE TREET AL STREET AL STY-ST-Z	DORESS ZIP		CERS AND	Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI	13.8	TTLE TREET AL STY-ST-Z TTLE TREET AL STREET AL STY-ST-Z	DORESS ZIP DORESS ZIP		CERS AND	Change	☐ Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI	13.8	TRE TREET AL	DORESS ZIP DORESS ZIP		CERS AND	Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI	E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C E 4.1 T	TREET ALE	DORESS ZIP DORESS ZIP		CERS AND	Change	☐ Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI	E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 C E 4.1 T 4.2 I	TREET ALL	DORESS ZIP  DORESS ZIP  ADDRESSZIP		CERS AND	Change Change	Addition  Addition
T12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  TITLE  TITLE  TITLE	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI	E 1.1T 1.2N 1.3S 1.4C E 2.1T 2.2N 2.3S 2.4C E 3.1T 3.2N 3.3S 3.4.C E 4.1T 4.2T 4.3S	TREET ALL ITY-ST-2 ITLE IAME ITREET ALL ITY-ST-1 ITLE IAME ITREET ALL ITTE ITTE ITTE ITTE ITTE ITTE ITTE IT	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS		CERS AND	Change Change	Addition  Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI  DELETI	E 1.1T 12N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C E 3.1T 3.2N 3.3S 3.4.C E 4.1T 4.21 4.3S 4.4C	TILE  AME  TREET AI  TITY-ST-2.  TITE  AME  TREET AI  CITY-ST-1  TILE  VAME  TREET AI  TITY-ST-1  TITY-ST-1  TITY-ST-1  TITY-ST-1	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS		CERS AND	Change Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI	E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 .6 E 4.1 T 4.2 I 4.3 S 4.4 C E 5.1 T	TILE TREET AI	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS		CERS AND	Change Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI  DELETI	E 1.1T 12N 1.3S 1.4C E 2.1T 22N 2.3S 2.4C E 3.1T 4.2T 4.3S 4.4C E 5.1T 52N	TILE TREET AI TITY-ST-Z TITLE	DDORESS ZIP  DDORESS ZIP  DDORESS ZIP  DDORESS ZIP		CERS AND	Change Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI  DELETI	E 1.1T 1.2N 1.3 S 1.4 C E 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 .6 E 4.1 T 4.2 I 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S	ITLE  AME  TREET AI  ITLE  TREET AI	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP		CERS AND	Change Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI  DELETI	E 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C E 3.1 T 3.2 N 3.3 S 3.4 C E 4.1 T 4.2 C 4.3 S 4.4 C E 5.1 T 5.2 N 5.3 S 5.4 C	TILE TREET AI TREET A	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP		CERS AND	Change Change Change Change	Addition Addition Addition
12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	OFFICERS P KNIGHT, SUSAN 8110 FALLS LANE	AND DIRECTORS  DELETI  DELETI  DELETI	E 1.1T 1.2N 1.3S 1.4C 2.1T 2.2N 2.3S 2.4C E 3.1T 3.2N 3.3S 3.4.C E 5.1T 5.2N 5.3S 5.4C E 6.1T	ITLE  AME  TREET AI  ITLE  TREET AI	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP		CERS AND	Change Change Change	Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KNIGHT, SUSAN 8110 FALLS LANE PARKLAND FL	AND DIRECTORS  DELETI  DELETI  DELETI	E 1.1T 1.2N 1.3S 1.4C E 2.1T 2.2N 2.3S 2.4C E 3.1T 3.2N 3.3S 3.4.C E 5.1T 5.2N 5.3S 5.4C E 6.1T 6.2N	TILE TREET AI TREET A	DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP  DORESS ZIP		CERS AND	Change Change Change Change	Addition  Addition  Addition

6.4 CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **NRED** Susan Knight SIGNATURE:

14. I 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 of the repeiver or trustee enflowered 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 appears, with all other like empowered. (954) 340-2090

**FILED** 

Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90123 032 \*\*\*150.00