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

Mailing Address

7545 CORDOBA CIR

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

32E034

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000024616 (3)

H F INTERIORS, INC.

Principal Place of Business

STREET ACCRESS

appears in Block 12 or Block

SIGNATURE:

CITY-ST-ZIP

7545 CORDOBA CIR NAPLES FL 34109-7118 NAPLES FL 33942 3a. Date of Last Report 3. Date Incorporated or Qualified 03/29/1993 04/15/1996 4. FEI Number 2. Principal Piace of Business 2a. Mailing Address Applied For 65-0401139 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 Country Country Zip This corporation has liability for intangible tax under s. 199.032,  $Z_{\rm ID}$ Yes No Florida Statutes 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 FELDMAN, HILARY C 7545 CORDOBA CIR Street Address (P.O. Box Number is Not Acceptable) SUITE 204 83 NAPLES FL 33942 Zip Code 84 City 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 (NOTE: Registered Agent signature required when reinstating) ared agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12 OFFICERS AND DIRECTORS 13. Change Addition DELETE 1 1 TITLE TITLE FELDMAN, HILARY C 1.2 NAME NAME 7545 CORDOBA CIRCLE 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - ST-ZIP CHY-ST-ZIP Change Addition DELETE 21 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY - S1 - ZIF Addition Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP Dity-St-7IP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-7P Change \_\_\_ Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-S1-ZIF Change Addition DELETE 6.1 TITLE TIFLE NAME 62 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

or on an attachment with an address