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Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17, 1999 8:00am

**Secretary of State** 

02-17-1999 90100 012 \*\*\*150.00

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000024616

1. Corporation Name

Principal Place of Business

H F INTERIORS, INC.

7545 CORDOBA CIR NAPLES FL 33942		7545 CORDOBA CIR NAPLES FL 33942 US				DO NOT WRITE IN THIS SPACE				
JS		03				3. Date Incorporated or 0 03/29/1993	Qualifed			
	£ Dunings	2a, Mailing Address				4. FEI Number			opplied For	<u> </u>
2. Principal Place of Business		<del></del>				65-0401139			lot Applica	ble
1		Suite, Apt. #, etc.						\$8.75	Additiona	i   /
Suite, Apt. #	t, etc.	<u></u>				5. Certifcate of Status De	esired	Fee I	Required	
2		City & State				6. Election Campaign Fir	nancing —	\$5.0	May Be	
City & State		<u>├</u> ŋ '				Trust Fund Contribution			to Fees	
3		28	Col	intry	-+	8. This corporation owes		r Intangible		
Zip	Country	Zip	30	,,		Personal Property Tax		☐ Yes	□No	
4	25	29	30			10. Name and Address		red Agent		
	9. Name and Address of Cu	rrent Registered Agent		81 Nam		10. 110				
EE! D	A AAN ANGARY C									
	MAN, HILARY C			82 Stre	et Address	s (P.O. Box Number is No	t Acceptable)			
1040	CORDOBA CIR					1	in again vient extlus	कार्य करते शहरा है	1 1 2 2 3 1	lais.
	E 204			83			有關的問題		1 1 2 6 3	136
	LES FL 33942			84 City		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	24 - 12 - 17	* 85 Zi	p Code*	1-61
NAPL								FL   "   -	:	
	to the provisions of Sections 607	.0502 and 607.1508, Florida St	atutes, the	above-name	ned corpora	ation submits this statements hoard of directors. I here	by accept the a	ppointment as	registered	ed
11. Pursuant I	to the provisions of Sections 607 egistered agent, or both, in the S m familiar with, and accept the o Signature, typed or printed name of registers	bligations of, Section 607.0505, ad agent and title if applicable (f	Florida Sta	tutes. d Agent signati	·	men reinstating)	. DAT	E		
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5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME

☐ DELETE

HILARY-FE

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 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, with all other like empowered.

Change

Addition