## FILE NOW: FILING FEE AFTER MAY 1 IS 25.00 FLORIDA DEPARTM OF STATE CORPORATION Sandra B. M ANNUAL REPORT Secretary of ate 1996 DIVISION OF COR PRATIONS P93000031220 (5) **DOCUMENT #** A-Z INTERIOR CONSTRUCTION, INC. Principal Place of Business Mailing Address 1125 SE 6 TERR. #1 1125 SE 6 TERR. #1 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 04/27/1993 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0411271 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm ID}$ Zin Country 8. This corporation has liability for intangible tax under s 199.032. Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MILLER, MIKE W Street Address (P.O. Box Number is Not Acceptable) **B2** 1125 SE 6 TERR, #1 FT. LAUDERDALE FL 33316 83 84 City 85 Zip Code 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. Thereby accept the appointment as registered agent. I am SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSTD TITLE ☐ DELETE 1.1 TITLE 2 ☐ Change ☐ Addition MILLER, MIKE W NAME 1.2 NAME **CR2E034** 1125 SE 6 TERR, #1 STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33316 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2. 1 TITLE Change ☐ Addition NAME 22 NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 3 1 TITLE Change ☐ Addition NAM: 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4 CITY - ST- ZIP TITLE DELETE 4.1 TITLE ☐ Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-ZIP 4.4 CITY - ST - ZIP THEF DELETE 5. 1 TITLE ☐ Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5 4 CITY-ST-ZIP TITLE DELETE 6. 1 TITLE ☐ Change ■ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 cath, 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. 11 The W. Miller 11 The W. Miller 11 The OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4-22-96 832-0103