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

FILED May 18 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 P93000055122 (4) DOCUMENT # INTERIORS BY PRISCILLA, INC. Principal Place of Business Mailing Address 7441 NW 11TH PL 7441 NW 11TH PL PLANTATION FL 33313 PLANTATION FL 33313 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/05/1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0428958 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 Added to Fees 28 Ζip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAIRSTON, PRISCILLA 7441 NW 11TH PL Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33313** 83 84 City 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. I hereby accept the appointment as registered agent. I am families with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Danie of registered agest and life if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE HAIRSTON, PRISCILLA NAME 1.2 NAME 7441 NW 11TH PL STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33313** CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE HAIRSTON, JAMES M NAME 2.2 NAME STREET ADDRESS 7441 NW 11TH PL 23 STREET ADDRESS **PLANTATION FL 33313** CFTY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

14. Thereby 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, on on an attackness with an address. 4-26-98 GCY-587-6505