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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DIVISION OF DOCUMENT # P9400001153 (3)

DAVE ROE INTERIORS, INC.

Principal Place of Business	Mailing Address	
608 SUNSET DR. BRANDON FL 33511	608 SUNSET DR. Brandon FL 33511-5951	

## FILED Jan 14 1997 8:00am Secretary of State



Brandon Fl	33511	BRANDON FL 33511-5951							
					3.	Date Incorporated or Qualified 01/01/1994		ate of Last 07/1996	
	lace of Business	2a. Mailing Address			4.	FEI Number		<b>—</b>	Applied For
21		26		·····		59-3216517			Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		·	5.	Certificate of Status Desired			Additional Required
City & Stat	e	City & State			6.	Election Campaign Financing Trust Fund Contribution			O May Be d to Fees
Ζιρ <b>24</b>	Country 25	Z(p)	Country		8.	This corporation has liability for Florida Statutes	intangible Yes		s. 199.032,
<u> </u>	9. Name and Address of Curre		90		10	Name and Address of New Re			
501 SUI	AM-RUCKER, MILDRED EAST KENNEDY BLVD. ITE 1400 MPA FL 33602		81 82 83	Name Street Ado		P.O. Box Number is Not Acceptab			With a second se
s Aun	MFA FL 53002		84	City		——————————————————————————————————————	FL	<b>85</b> Zip	p Code
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the Statur or familiar with, and accept the obliq	e of Florida. Such change was au	ithorized by	the corpora	rporation ation's b	n submits this statement for the poored of directors. I hereby accept	ourpose of of the app	changing ointment a	its registered is registered
SIGNATURE	Signature, Typed or printed name of recestered as	jeot and tile Tappicable (NOTE	Registered Age	nt signature requ	uired when	ı reinstating)	DATE	··	
12.	OFFICERS AN	ND DIRECTORS	13.		1	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	PRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE					Change	Addition
NAME	ROE, DAVID		1.2 NAME						
STREET ADDRESS	608 SUNSET DR.		1 3 STREET	ADDRESS					
CITY - ST - ZIP	BRANDON FL 33511		1.4 CtTY - S	T - ZIP					<u></u> -
TITLE		DELETE	2 1 TITLE					L Change	Addition
NAME			2.2 NAME						
STREET ADDRESS			2 3 STREET						
CITY-S1-ZIP TITLE		DELETE	2 4 CITY-S 31 TITLE	ST-ZIP				☐ Change	Additio
NAME			3 2 NAME					L Change	: L_ Augulio
STREET ADDRESS			3 3 STREET	ADDDCCC					
CITY-ST-ZIP			3.4. CITY - 9						
TITLE		DELETE	4 1 TITLE	11 - ZIF				☐ Change	Addition
NAMÉ			4.2 NAME					•	
STREET ADDRESS			43 STREET	ADDRESS					
CITY-ST-7IP			4.4 CiTY - S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			144444-4444-4444-4444-4444-4444-4444-4		Change	Additio
NAME			52 NAME						
STREET ADDRESS			5.3 STREET	ADDRESS		•			
CITY-ST-ZIP	MANAGEMENTAL TO A STORE OF STORE OF STORE OF STORE OF STORE OF STORE STO		5.4 CiTY+S	T-ZIP					
TITLE		☐ DELETE	6 1 TITLE					☐ Change	Addition
NAME			62 NAME						
STREET ADDRESS			63 STREET	ADDRESS					
CITY - ST - 71P			64 CiTY - S	T-ZIP					

I. 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

DAVIDE . KOE SIGNATURE AND TYPED OR PRINTED OF BIGNING OFFICER OR DIRECTOR

Loe Dinstri

16/97 (813)684-831