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Apr 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000004082 (1)

1. Corporation Name  
BEYOND INTERIORS, INC.



Principal Place of Business

5353 SHEN AVENUE  
JACKSONVILLE FL 32205

Mailing Address

5353 SHEN AVENUE  
JACKSONVILLE FL 32205-4757

3. Date Incorporated or Qualified

01/18/1994

3a. Date of Last Report

04/25/1996

2. Principal Place of Business

2a. Mailing Address

21. 5510-15 Phillips Hwy  
State, Apt. #, etc.

26. 5510-15 Phillips Hwy  
Suite, Apt. #, etc.

4. FEI Number

59-3266632

Applied For

Not Applicable

22. City & State

23. Jax, FL

24. 32207 Zip Country USA

27. City & State

28. Jax, FL

29. 32207 Zip Country USA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

ST. ANGELO, KIMBERLY D  
5353 SHEN AVENUE  
JACKSONVILLE FL 32205

10. Name and Address of New Registered Agent

81 Name KIMBERLY ST. ANGELO  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 5510-15 Phillips Hwy.  
84 City Jax, FL 85 Zip Code 32207

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 (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

TITLE DPT  
NAME ST. ANGELO, JOHN M  
STREET ADDRESS 5353 SHEN AVENUE  
CITY - ST - ZIP JACKSONVILLE FL  
TITLE DVS  
NAME ST. ANGELO, KIMBERLY D  
STREET ADDRESS 5353 SHEN AVENUE  
CITY - ST - ZIP JACKSONVILLE FL  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE  
6.2 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 appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] 4-1-97 636-5773  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)