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

DOCUMENT # P94000024201 (3)

D.J. INTERIORS, INC.

| Principal Place o | if Business | Mailing Address | 1 | İ | 3 DEDITED IND SOLUT BIOTI OPEN DOWN DOWN DESIGNATION SAME HOLD AND A MADE. |
|--|---|---|---|--|--|
| 11718 63RO LN N WEST PALM BEA | N ICH FL 33412-1816 | 11718 63RD LN N West Palm Beach F | FL 33412-1816 | | |
| | | | | | 3. Date incorporated or Qualified 3a. Date of Last Report 02/09/1996 |
| 2. Principal Plac | e of Business | 28. Mailing Address | | | 4. FEI Number Applied For |
| Suite, Apt. #, (| elc: | Suite, Apt. #, etc. | | · | 65-0022068 Not Applicable \$8.75 Additional |
| 22 | | 27 | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | | 28 | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | Coul | ntry | This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | Florida Statutes Yes No |
| | 9. Name and Address of Curre | ent Registered Agent | | 81 Nan | 10. Name and Address of New Registered Agent |
| | SON, DENICE | | | 81 Nan | THE |
| | 63RD LN N | 4.4 | Ī | 82 Stre | eet Address (P.O. Box Number is Not Acceptable) |
| WEST | PALM BEACH FL 33412-18 | 16 | } | 83 | |
| | | | | | |
| | | | | 84 City | FL 85 Zip Code |
| 11. Pursuant to t | the provisions of Sections 607.05 | 502 and 607.1508. Florida Sta | atutes, the at | ove-nam | |
| office or regi | istered agent, or both, in the Stat familiar with, and accept the obli | te of Florida. Such change w | as authorized | by the c | ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered |
| - | ranniar with, and accept the obii | igations of, Section 607.0005 | , rionua siau | N62. | · |
| SIGNATURE | | | | | |
| Signation | nature, typed or printed name of registered a | igent and title if applicable (| NOTE: Registered | Apent signs | alure required when reinstaling) DATE |
| 12. | | gent and title if applicable (ND DIRECTORS | NOTE: Registered | Agent signs | alure required when reinstaling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| 12. | OFFICERS A | | | | |
| 12. TITLE | OFFICERS A P JAMES K. JOHNSON | ND DIRECTORS | 13. | LE . | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
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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 on an attachment with an address.

6.4 City - St - ZIP

SIGNATURE:

2/10/97 798-9

FILED

Feb 17 1997 8:00am

Secretary of State