

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

FILED

May 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000029118 (4)

1. Corporation Name
PROFILE INTERIORS, INC.



Principal Place of Business 445-5 SR 13 JACKSONVILLE FL 32259 US	Mailing Address 445-5 SR 13 JACKSONVILLE FL 32259 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 04/12/1994	
				4. FEI Number 59-3242782	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SHEFFIELD, J HOWARD 4209 BAYMEADOWS RD SUITE 4 JACKSONVILLE FL 32217				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DPS	NAME	FURUKAWA, SHELLIE	1.1 TITLE	DPS	1.2 NAME	FURUKAWA, SHELLIE
STREET ADDRESS		STREET ADDRESS	3419 AUGUSTINE ELM CT	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	JACKSONVILLE FL 32259
CITY - ST - ZIP		CITY - ST - ZIP	JACKSONVILLE FL 32223	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 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 recorder 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 *Shellie Furukawa* *Shellie Furukawa 4/2/100* *904 381 8184*

CR2E034 (10/97)