

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

FILED
Jun 19 1996 8:00 am
Secretary of State

DOCUMENT # **P94000038316 (3)**

1. Corporation Name

CORPORATE INTERIORS, INC.



Principal Place of Business

Mailing Address

**1080 KAPP DRIVE
 CLEARWATER FL 34625**

**1080 KAPP DRIVE
 CLEARWATER FL 34625**

3. Date Incorporated or Qual. Fed	3a. Date of Last Report
05/20/1994	04/04/1995
4. FEI Number	Applied For
59-2775319	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

2. Principal Place of Business	2a. Mailing Address
21 4825 140th Ave N.	26 4825 140th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 C	27 C
City & State	City & State
23 Clearwater FL	28 Clearwater FL
Zip	Zip
24 34622	29 34622
Country	Country
25 FLORIDA	30 FLORIDA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRANK, MARILYN J
 1080 KAPP DRIVE
 CLEARWATER FL 34625**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	34622
83	
84 City	FL
Clearwater	

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 where applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, MARILYN J	1.2 NAME	
STREET ADDRESS	0808 WHITEGATE CROSSING	1.3 STREET ADDRESS	
CITY - ST - ZIP	EAST AMHERST NY 14051	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANK, ROBERT J	2.2 NAME	
STREET ADDRESS	0808 WHITEGATE CROSSING	2.3 STREET ADDRESS	
CITY - ST - ZIP	EAST AMHERST NY 14051	2.4 CITY - ST - ZIP	
TITLE	FRANK, MARILYN J. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	278 SHEFFIELD CIRCLE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR, FL 34683	3.4 CITY - ST - ZIP	
TITLE	FRANK, Robert J <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS	278 SHEFFIELD CIRCLE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOR, FL 34683	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 6/11/96 (813) 539-7544
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)