SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

4825 140TH AVE. N.

CLEARWATER FL 34625

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

4825 140TH AVE. N.

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CLEARWATER FL 34625

Suite, Apt. #, etc.

SIGNATURE:

City & State

Ζip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400038316 (3)

Country

CORPORATE INTERIORS, INC.

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name FRANK, MARILYN J 4825 140TH AVE. N. Street Address (P.O. Box Number is Not Acceptable) UNIT C 83 **CLEARWATER FL 34625** Zip Code 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) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1.1 TITLE DELETE Change Addition FRANK, MARILYN J 1.2 NAME NAME 278 SHEFFIELD CIRCLE 1.3 STREET ADDRESS STREET ADDRESS PALM HARBOR FL 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition NAME FRANK, ROBERT J 2.2 NAME 278 SHEFFIELD CIRCLE STREET ADDRESS 2.3 STREET ADDRESS PALM HARBOR FL 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE Addition NAME 3.2 NAME STREET ADDRESS 33 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change ___ Addition NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 5.1 TOTLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 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 for the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Plant 12 or Plant 13 in Plant 13 in Plant 13 in Plant 14 in Plant in Block 12 or Block 13 if changed,

Country

30

FILED Aug 05 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

8. This corporation owes or has paid the current year Intengible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

Trust Fund Contribution

05/20/1**99**4

59-2775319

4. FEI Number

CR2E034 (5/98)