

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).

FILED  
Aug 26 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000041450 (5)  
1. Corporation Name

AT HOME INTERIOR'S, INC.



Principal Place of Business  
4613 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33067  
US

Mailing Address  
4613 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33067  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0496263

Applied For

Not Applicable

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 4683 UNIVERSITY DR

Suite, Apt. #, etc.

22 City & State

23 CORAL SPRINGS FL

24 Zip 33067 Country US

2a. Mailing Address

26 4683 UNIVERSITY

Suite, Apt. #, etc.

27 DL

28 City & State

29 CORAL SPRINGS FL

30 Zip 33067 Country US

9. Name and Address of Current Registered Agent

LAVELANET, RUDY  
4613 UNIVERSITY DRIVE  
CORAL SPRINGS FL 33067

10. Name and Address of New Registered Agent

81 Name RUDY LAVELANET  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 4683 UNIVERSITY DR  
84 City CORAL SPRINGS  
85 Zip Code FL 33067

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVELANET, RUDY	
STREET ADDRESS	4949 N.W. 106TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAVELANET, CARRIE	
STREET ADDRESS	4949 N.W. 106TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LAVELANET RUDY	
1.3 STREET ADDRESS	920 CORAL RIDGE DR	
1.4 CITY-ST-ZIP	CORAL SPRS FL 33071	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LAVELANET CARRIE	
2.3 STREET ADDRESS	920 CORAL RIDGE DR	
2.4 CITY-ST-ZIP	CORAL SPRINGS FL 33071	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.

SIGNATURE: RUDY LAVELANET

8/16/98 954-344-5171

CR2E034 (5/98)