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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

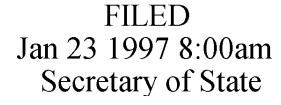
## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400063458 (1)

PAM NIEMANN INTERIORS, INC.

Principal Place of Business
1015 S ORLANDO AVE
WAITER PARK FL 32789





		N. 01 A. del						
Principal Place of B		Mailing Address	110000000000000000000000000000000000000		, , , , , , , , , , , , , , , , , , ,			
1015 8 ORLANDO AV WINTER PARK FL 32		1015 S ORLANDO AVE WINTER PARK FL 32789-4850			1			
THE COL	100		••		Date Incorporated or Qualified			
					3. Date Incorporated or Qualified 08/29/1994	04/22/1990	·	
2. Principal Piace of	of Business	2a. Mailing Address		,	4. FEI Number		Applied For	
1	26			59-3268635	Not Applicable			
Suite, Apt #, etc		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional		
2		27			5. Certificate di Status Desireb	└ Fee	Required	
City & State		City & State			6. Election Campaign Financing		00 May Be	
3		28	0		Trust Fund Contribution	·	ed to Fees	
Zip			Count	ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
9.	25     Name and Address of Cu		30		10. Name and Address of New Reg			
			8	1 Name				
HESS, GI			ļ. <u>.</u>	0 0 1	10.0 D. N. Harris Market	1		
	OBINSON ST		8	2 Street Add	dress (P.O. Box Number is Not Acceptab	ie)		
UNLANUA	O FL 32801		8	3				
			L	4 0		 	in Codo	
			8	4 City		FL 85 2	ip Code	
11. Pursuant to the	provisions of Sections 607	0502 and 607.1508, Florida Statute	es, the abo	ve-named cor	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changin	g its registered as registered	
agent. I am fan	niliar with, and accept the o	bligations of, Section 607.0505, Flo	orida Statut	es.	ation's board of directors. I hereby accep		Ū	
SIGNATURE Storott	uic Typed or pratico can e of registere	d agent and title Tapplicable NOTE	Registered A	geni signature requ	uired when reinstating)	DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12	
rite <b>P</b>		☐ DELETE	1 1 TITLE			☐ Chang	ge Addition	
NAME NIE	MANN, PAM		1 2 NAM	E				
	I E. CENTRAL BLVD.		13 STRE	ET ADDRESS				
DITY-ST-ZIP OR	LANDO FL		14 CITY	- ST - ZIP			<u> </u>	
TITLE		☐ DELETE	2 1 TITLE			Chan	ge L. Addition	
NAME			2.2 NAM	E				
STREET ADDRESS			2.3 STRE	ET ADDRESS				
CITY - ST - ZIP				'-ST-ZIP				
TITLE		☐ DELETE	3 1 TITLE			- Chan	ge L Addition	
NAME			3.2 NAM					
STREET ADDRESS				ET ADORESS				
CITY - ST - ZIP		DELETE	3.4. CITY 4.1 TITLE	'-ST-ZIP		Chan	ge Addition	
TITLE		L. DECER	4.1 IIILI			\$100 P	D- House Control	
NAME				ET ADDRESS				
STREET ADDRESS				-ST-ZIP				
CITY-ST-ZIP TITLE		DELETE	5.1 TITU		1	Chan	ge Addition	
NAME		-	5.2 NAM			•		
STREET ADDRESS			1	ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITU			☐ Chan	ge Addition	
NAME			6.2 NAM	E				
STREET ADDRESS			6.3 STRI	ET ADDRESS				
City-St-ZiP			6.4 CITY	- ST - ZIP				
14. Ldo heroby ce	ertify that the information sur	pplied with this filing does not quali	fv.for the e	xemption state	ed in Section 119.07(3)(i). Florida Statute	s. I further certify t	hat the	
appears in Bio	ick 12 or Block 1) it change	n on an attackment with an add	dress.		ort as required by Chapter 607, Flooda S	_	•	
CICKIATIO	انفر مذهبها أرس	4 4 1 110	MU	رول ا	- ///7/91	7		
SIGNATUR	I□ { SKNOTURE AND TYPE	ED OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTO			Daytime Pho	ie #	