

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000072323 (6)

1. Corporation Name

INTERSTATE INTERIOR SERVICES, INC.



Principal Place of Business

5811 NW 60TH PLACE  
PARKLAND FL 33067

Mailing Address

5811 NW 60TH PLACE  
PARKLAND FL 33067

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

SMUL, SHERYL E  
5811 NW 60TH PLACE  
PARKLAND FL 33067

3. Date Incorporated or Qualified  
09/29/1994

3a. Date of Last Report  
05/01/1995

4. FEI Number 65-0525448  
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

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

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☐ DELETE

1. 1. TITLE ☐ Change ☐ Addition

NAME  
SMUL, SHERYL E  
STREET ADDRESS  
5811 NW 60TH PLACE  
CITY-STATE-ZIP  
PARKLAND FL 33067

1. 1. TITLE  
1. 2. NAME  
1. 3. STREET ADDRESS  
1. 4. CITY-STATE-ZIP

2. 1. TITLE ☐ DELETE

2. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

2. 2. NAME  
2. 3. STREET ADDRESS  
2. 4. CITY-STATE-ZIP

3. 1. TITLE ☐ DELETE

3. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

3. 2. NAME  
3. 3. STREET ADDRESS  
3. 4. CITY-STATE-ZIP

4. 1. TITLE ☐ DELETE

4. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

4. 2. NAME  
4. 3. STREET ADDRESS  
4. 4. CITY-STATE-ZIP

5. 1. TITLE ☐ DELETE

5. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5. 2. NAME  
5. 3. STREET ADDRESS  
5. 4. CITY-STATE-ZIP

6. 1. TITLE ☐ DELETE

6. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6. 2. NAME  
6. 3. STREET ADDRESS  
6. 4. CITY-STATE-ZIP

7. 1. TITLE ☐ DELETE

7. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

7. 2. NAME  
7. 3. STREET ADDRESS  
7. 4. CITY-STATE-ZIP

8. 1. TITLE ☐ DELETE

8. 1. TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-STATE-ZIP

8. 2. NAME  
8. 3. STREET ADDRESS  
8. 4. CITY-STATE-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)(k), 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 in an attachment with an address.

SIGNATURE:

SHERYL E. SMUL 3/8/96 (954) 341-9970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)