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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000080285 (7)

SOMETHING SPECIAL INTERIORS, INC.

## **FILED** May 01 1997 8:00am Secretary of State



		Mailing Address				1			
8447 S FEDERA PORT ST LUCIE		8447 8 FEDERAL PORT ST LUCIE F							
						3. Date Incorporated or Qualified 10/31/1994		e of Last 0/1996	Report
2. Principal Pl	lace of Business	2a. Mailing Addr	ess			4. FEI Number		<del></del>	pplied For
21		26				65-0538464		N	lot Applicable
Suite, Apt. #, etc. 2		Suite, Apt. #, etc.			6. Certificate of Status Desired			\$8.75 Additional Fee Required	
City & State	0	City & State				Election Campaign Financing     Trust Fund Contribution			May Be I to Fees
Zip 24	Country 25	Ζιρ <b>29</b>	30	Country		8. This corporation has liability for i	intangible t Yes		s. 199.032,
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Re	gistered A	gent	
DAU	Gaard, John			<b>81</b> Na	me				
8447 S FEDERAL HIGHWAY PORT ST LUCIE FL 34952				<b>82</b> Str	eet Addres	ss (P.O. Box Number is Not Acceptab	ole)		
				83					
				84 Cit	у		FL	<b>85</b> Zip	Code
11. Pursuant I office or re	to the provisions of Sections 607.05t egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607,1508, Ftoric e of Florida, Such chan	da Statutes, the	e above-nar	ned corpo corporatio	pration submits this statement for the poor's board of directors. I hereby accep	ourpose of our the appoint	changing intment a	its registered s registered
	in rammar with, and accept the oblig	gations of, Section 607.	.0505, Florida l	Statutes.					
SIGNATURE	Signature, typed or printed name of registered ag			_			DATE		
SIGNATURE	Signature, typed or printed harne of registered ag		(NOTE Regis	_		d when reinsiating) ADDITIONS/CHANGES TO OFFIC	DATE		
SIGNATURE	Signature, typed or printed harne of registered ag	gent and title if applicable	(NOTE Regis	stered Agent sign		d when reinstating)	DATE CERS AND		RS IN 12
SIGNATURE	Signature, typed or printed harne of registered ag	ont and title if applicable	(NOTE Regis	stered Agent eigr 13.		d when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  HILE  NAME	Signature, typed or printed name of registered ago OF FICERS AN	ont and title if applicable	(NOTE Regis	stered Agent eigr 13.	ature requirec	d when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typical or printed name of registered ag OFFICERS AN P DAUGAARD, JOHN F.	ont and title if applicable	(NOTE Regis	stered Agent eigr 13. 1.1 TITLE 1.2 NAME	ature requirec	d when reinstating)	DATE CERS AND	DIRECTO	RS IN 12
SIGNATURE  12.  TITLE  NAME  SIREEL ADDRESS	Signature, typical or printed name of registered ag OFFICERS AN P DAUGAARD, JOHN F. 2285 S.E. LEITHGOW ST.	ont and title if applicable	(NOTE Regis	stered Agent eigr 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI	ature requirec	d when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12
SIGNATURE  12. THE NAME SIREELADDRESS CHY-SI-7IP	Signature, typed or printed name of registered as OFFICERS AN P DAUGAARD, JOHN F. 2285 S.E. LEITHGOW ST. PORT ST. LUCIE FL 34952 VP DAUGAARD, JAMES	jont and title if applicable ND DIRECTORS	(NOTE Regis	stered Agent eigr 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP	ature requirec	d when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12
SIGNATURE  12. HILE NAME SIBEEL ADDRESS CITY-ST-7IP TILE	OFFICERS AN P DAUGAARD, JOHN F. 2285 S.E. LEITHGOW ST. PORT ST. LUCIE FL 34952 VP DAUGAARD, JAMES 717 S.W. ASTER RD	jont and title if applicable ND DIRECTORS	(NOTE Regie	Stered Agent eigr 13. 1.3 Title 1.2 Name 1.3 Street Addri 1.4 City-St-Zip 2.1 Title	iature requirec	d when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12
SIGNATURE  12.  HILE  NAME  SIREEL ADDRASS  CHY-SI-7IP  HILE  NAME	OFFICERS AN P DAUGAARD, JOHN F. 2285 S.E. LEITHGOW ST. PORT ST. LUCIE FL 34952 VP DAUGAARD, JAMES 717 S.W. ASTER RD PORT ST. LUCIE FL 34953	jont and title if applicable ND DIRECTORS	(NOTE Regie	Stered Agent eign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME	ess .	d when reinstating)	DATE CERS AND	DIRECTO	PRS IN 12 Addition
SIGNATURE  12.  IIILE NAME SIREELADDRESS CITY-SI-7IP TITLE NAME STREELADDRESS	OFFICERS AN P DAUGAARD, JOHN F. 2285 S.E. LEITHGOW ST. PORT ST. LUCIE FL 34952 VP DAUGAARD, JAMES 717 S.W. ASTER RD PORT ST. LUCIE FL 34953 ST	jont and title if applicable ND DIRECTORS	(NOTE Regie ELETE 1 1 1 1 1 1 1 1 1 1 2 2 2 2	Stered Agent eign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRI 2.3 STREET ADDRI 3.3 STREET ADDRI 3.3 STREET ADDRI	ess .	d when reinstating)	DATE CERS AND	DIRECTO	RS IN 12 Addition
SIGNATURE  12.  HILE  NAME  SIRFET ADDRESS  CHY-SI-7IP  TITLE  NAME  STREET ADDRESS  CHY-SI-7IP	OFFICERS AN P DAUGAARD, JOHN F. 2265 S.E. LEITHGOW ST. PORT ST. LUCIE FL 34952 VP DAUGAARD, JAMES 717 S.W. ASTER RD PORT ST. LUCIE FL 34953 ST DAUGAARD, CHRISTINE	gort and title if applicable  ND DIRECTORS  DE	(NOTE Regis ELETE 1 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 2 2	Stered Agent eign 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRI 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRI 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP 2.4 CITY-ST-ZIP	ess .	d when reinstating)	DATE CERS AND	DIRECTO Change	RS IN 12 Addition
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NTED NAME OF STRING OFFICER OR DIRECTOR