## 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 # P94000083207 (8)

JEAN SLOAN INTERIORS, INC.

Principal Place of Business Mailing Address 2880 N GULF SHORE BLVD #301 2000 N GULF SHORE BLVD #301 NAPLES FL 90010 3 4/03 NAPLES FL 34103-4328 3. Date Incorporated or Qualified 3a. Date of Last Report 11/10/1994 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0547171 21 Not Applicable Suite Apt # etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution 23 28 Added to Fees Ζip Country Country Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name SLOAN, JEAN 2880 N GULF SHORE BLVD #301 82 Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 City 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 Styroidal typed or protect made for greatered agent and text it applicable (NOTE: Registered Agent signature required when reinstating)  DATE  Output  DATE			
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITE	P DELETE	1.1 TITLE	Change Addition
NAME	SLOAN, JEAN R.	1.2 NAME	
STREET ADDRESS	2880 N. GULFSHORE BLVD. #301	1.3 STREET ADDRESS	
COLY - \$1 - ZIP	NAPLES FL	1.4 CiTY-ST-ZIP	
TITLE	☐ DELETE	2.1 TITLE	Change Addition
NAMÉ		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-74P		2 4 CHY-SY-ZIP	
T'TLE	DELETE	31 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIF		3.4. CITY-ST-ZIP	
TITEE	DELETE	4.1 TITLE	Change Addition
NAME		4. 2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
City - ST - ZIP		4.4 CITY-ST-ZIP	
THE	DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - S1 - 7(2)		5.4 CITY-ST-ZIP	
TITLE	DELETE	6.1 TITLE	Change Addition
NAMÉ		6 2 NAME	
STR:ET ADDRESS		6.3 STREET ADDRESS	
City+ST-ZiP		6.4 CITY - ST - ZIP	

14. I do 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 of 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 proposition 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 12 or Block 17 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE SID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

e Daytime Phone

**FILED** 

Apr 04 1997 8:00am

Secretary of State