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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS FILED Feb 09 1998 8:00am Secretary of State

	1998	DIVISION OF CO	DRPORATIONS	Secretary of	of State
1. Corporation					
BRANDY INTERIORS, INC.					
Principal Place	e of Business	Mailing Address			
6299 CENTRAL AVE 6299 CENTRAL AVE ST PETERSBURG FL 33710 ST PETERSBURG FL 33710			,		
US US			•	DO NOT WRITE IN TH	HS SPACE
				3. Date Incorporated or Qualified 01/04/1995	
	lace of Business	2a. Mailing Address	<u></u>	4. FEI Number	Applied For
21 Suita Ant	# ota	26 Cuito Ant # ets		59-3283205	Not Applicable
Suite, Apt,		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28	Country	7 Trust Fund Contribution 4. This corporation owes or has paid the	Added to Fees
24	25	29 3	_ ·	Personal Property Tax due June 30.	X Yes No
	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent
RO	MINO, JUDY A		81 Name		
6299 CENTRAL AVE ST PETERSBURG FL 33710			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
-			83		
l			84 City		85 Zip Code
					*L
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.					
agent. I ar	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	da Statutes.	,,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
SIGNATURE	Signature, typed or printed name of registered agon	t and title # anningable (NOTE: 5	Registered Agent signature require	d when reinstating) DAT	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS /	<u> </u>
TITLE	DPST	DELETE	1.1 TITLE		Change Addition
NAME [ROMINO, JUDY A		1.2 NAME		ļ
STREET ADDRESS	6299 CENTRAL AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	ST PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	V DOMINO MAY	☐ DELETE	2.1 TITLE		Change Addition
NAME	ROMINO, AMY 6299 CENTRAL AVENUE		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP		i
TITLE	OTTERENODOROTE	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS		!	3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE	<u>-</u>	DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME		1	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ NETELE	5.1 TITLE		Change Addition
NAME CYPEET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		☐ DELETE	6.1 ITTLE	<u> </u>	Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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, of on an attachment with an address.

SIGNATURE:

1, 198 (813) 344-2

Daytime Phone # 0303

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