

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000003366

1. Corporation Name

INTERIOR CRITERIA, INC.

Principal	Place	of	Business	

1946 TIGERTAIL BLVD DANIA FL 33004

Mailing Address

1946 TIGERTAIL BLVD DANIA FL 33004

## FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90162 015 \*\*\*150.00



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US		US				DO NOT WRITE IN THIS SPACE					
						ate Incorpor 1/12/1995	ated or Qualifed				
	lace of Business	2a. Mailing Address		2	4. Fi	El Number			Ar	oplied For	
21 1206	STIRWING ROAD	26 208 LANC	ב קימונד	DOUL	EVAD 6	5-056079	5		No	ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	٠.	5. C	ertifcate of S	Status Desired		*	Additional equired	
City & Stat	e	City & State	EI		1		paign Financing		•	May Be	
23 DAN	IA FL	28 WESTON	Country		<del></del>	rust Fund Co				to Fees	
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	9. Name and Address of Current	Registered Agent				ame and A	ddress of New F	Registered	Agent		
			81	Name							
	er, steven		82	Chunch	Address (D.O	Day Mussh	or in Not Assent	ahla)			
	LANDINGS BLVD.		82	Street	Address (P.O	. BOX NUMB	er is Not Accepta	avie)			
FT. L	AUDERDALE FL 33327		83			_	· · · · · · · · · · · · · · · · · · ·				
			84	City		<u>_</u>		FI	85 Zip	Code	
44 Dusquent	to the provisions of Sections 607.0502	and 607 1508 Florida Statute	s the above	e-named o	comoration s	ubmits this s	statement for the	nurpose of	changing its	registered	
office or re	registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida. Such change was au	thorized by	the corpo	ration's boar	d of director	s. I hereby accer	pt the appoi	ntment as re	gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: I	Registered Age	nt signature re	quired when reins	stating)	<del></del>	DATE			
12.	OFFICERS AND		13.				HANGES TO OF	FICERS AN	ID DIRECTO	ORS IN 12	
TITLE	D	☐ DELETE	1,1 TITLE						Change	☐ Addition	
NAME	TABER, STEVEN S		1.2 NAME							_	
STREET ADDRESS	1946 TIGERTAIL BLVD		1.3 STREE	T ADDRESS	1206	577	KLING R	OAD	SVITE	10	
CITY-ST-ZIP	DANIA FL 33004		1.4 CITY-S	T-ZIP	DANI	14 . F	L '33	004		}	
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NAME	TABER, JOANNE		2.2 NAME						<b>ــ</b> مـــ	ا ۔. م	
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NAME			6.2 NAME								
STREET ADDRESS				TADDRESS							
0.77 / 0.7			64 CITY-S	T. 7IP						,	

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, or on an attachment with an address, with all other like empowered.