## 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 # P95000007413 (4)

## **FILED** May 07 1997 8:00am Secretary of State

The Company Place of Business  The ST. ALBANS DRIVE BOCA RATION FL. 30466  2. Principal Flore of Devices  3. Data F	RICK LUKE INTERIORS, INC.											
2. Principal Flace of Business   2. A Mailling Address   3. A Fiel Number   4. Fiel Number   5. Applicable   5. Carlificate of Status Business   5. Carlificate of Status Bu					* 15811801 115 10101 2414 8841 8841							
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Select Appl 8. or   Suite Apt 1. or   Suite Apt 1. or   Suite Apt 1. or   Suite Apt 1. or   Suite April		lace of Business	2a. Mailing Address			,		A	pplied For			
City & State	21					65-0552268				4		
28	22		27					Fee F	Required			
25	City & State	0	<del> </del>			, , ,						
UKE, RICK 785 ST. ALBANS ORIVE BOCA RATON FL 33486  80   Street Address of New Registered Agent   81   Name   82   Street Address (P.O. Box Number is Not Acceptable)   83   84   City   FL   85   Zip Code   85   Street Address (P.O. Box Number is Not Acceptable)   86   Street Address (P.O. Box Number is Not Acceptable)   87   Street Address (P.O. Box Number is Not Acceptable)   88   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   Street Address (P.O. Box Number is Not Acceptable)   82   Street Address (P.O. Box Number is Not Acceptable)   83   Street Address (P.O. Box Number is Not Acceptable)   84   City   FL   85   Zip Code   85   Street Address (P.O. Box Number is Not Acceptable)   86   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   Street Address (P.O. Box Number is Not Acceptable)   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   City   FL   85   Zip Code   80   City   FL   85   Zip Code   81   City   FL   85   Zip Code   82   City   FL   85   Zip Code   83   City   FL   85   Zip Code   84   City   FL   85   Zip Code   85   City   FL   85   Zip Code   86   City   FL   85   Zip Code   86   City   FL   85   Zip Code   87   City   FL   85   Zip Code   87   City   FL   85   Zip Code   88   City   FL   85   Zip Code   89   City   FL   85   Zip Code   80   Ci			h				) ' From ' From '					
LUKE, RICK 785 ST. ALBANS DRIVE BOCA RATON FL 33496  11. Fursuind to the provisions of Sections 607 0502 and 807 1508. Fibrida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the approximant as registered agent, and arribate with, and accept the obligations of Section 607 0506, Florida Statutes.  SIGNATURE Signature visit provisions of Sections 607 0502 and 807 1508. Florida Statutes with a corporation's board of directors. I hereby accept the approximant as registered agent. I am familiar with, and accept the obligations of Section 607 0506, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS 13. ADDITIONS/OHANGES TO OFFICERS AND DIRECTORS N1 12.  18. PVST   DELETE   1.1 min.	24										-	
TOTAL PLANS DRIVE BOCA RATON FL 33486    Back   City   FL   85   Zip Code	110/		r vadistesan wilass		81	Name	10. Name and Address of New Re	10. Name and Address of New Registered Agent				
BOCA RATON FL 33486    Sa				ľ				<del></del>			4	
STREET ADDRESS   STRE					82	Street Ac	idress (P.O. Box Number is Not Acceptat	ole)			}	
The Pursuant to the provisions of Socions 607 0502 and 607 1508, Florids Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Socions 607 0505, Florids Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Socion 607 0505, Florids Statutes.  SIGNATURE  12.		y, 1011 of 12 of 100			83					·····	1	
11. Fix.stant to this provisions of Sociolors 607 0502 and 607 1508, Fibrids Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agreed. I are familiar with, and accept the obligations of, Sociolor 607 0505, Florida Statutes.    SIGNATURE			·		84	City		Fi	<b>85</b> Zip	Code	-	
SIGNATUFIE    Signature vigende pertent agend agend and total in applications   19.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.2   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.2   Addition   1.2   A	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,					named c	orporation submits this statement for the purpose of changing its regist					
SIGNATUFIE    Signature vigende pertent agend agend and total in applications   19.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.2   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   1.2   Addition   1.2   A	office or r agent. La	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorize: Iorida Stat	d by Lutes	the corpo	ration's board of directors. I hereby acce	pt the app	ointment a	s registered		
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NAME					T) E	<del></del>	ADDITIONS/CHANGES TO OFFI	CERS AND			ફુ	
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CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-ZIP 64 CITY-SI-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	CHTY-S1-ZHP	by earthy that the referentian a malia	d with this filling does not such				ted in Section 110 07/2V/A Elocida Statute	e Hurtha	cortific the	at the	-	

information inclicated 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 inchanged, or on avaitachment with an address.

SIGNATURE:

JELLE REQUIRED E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-30-97 Daytme Prone 9