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

CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000023318 (5)

INTERNATIONAL CUSTOM INTERIORS, INC.

FILED May 08 1998 8:00am Secretary of State



<u> </u> 							
Principal Place of Business Mailing Address						AIST ORSIG KI nab dinab kinat i	IBBL IBII IBII
7617 NARCOOSSEE RD 16511 BAYRIDGE DRIVE							
A CLERMONT FL 34711					DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32022					3. Date Incorporated or Qualified		
					03/14/1995		
	lace of Business	2a. Mailing Address		A 01 . V	4. FEI Number	I A	pplied For
21 Jane	y as about	26 JANE	A5	AGSNI	59-3300923	N/	ot Applicable
Suite, Apt.	#, e1c.	Suite, Apt. #, etc.			5. Certificate of Status Desired	,	Additional
27						Fee R	equired
City & State City & State					Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	lip Country Zip C			intry	· 		
24	25 29 30			Sountry 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. No			
	9. Name and Address of Curre				10. Name and Address of New Re		
CC	OOK, ALAN			81 Name	\		
1252 OBERRY HOOVER RD				82 Street Add	dress (P.O. Box Nomber is Not Acceptable)		
OF	RLANDO FL 32825						
				83			- !
				84 City		85 Zip	Code
44 Durament	to the provisions of Costions 607.06	02 and 607 1500 Elorida Cta	luise the el	nous named as	rporation submits this statement for the p	FL	to sociate soci
office or r	egistered agent, or both, in the Stat	e of Furiday Such change wa	is authorize	d by the corpor	ation's board of directors. I hereby acce	of the appointment as	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 abliquities of Section 607.0505, Florida Statutes.							
SIGNATURE	Signature concil of minimal name of registerials as	ent and lifte if applicable (N	IOTE Registere	Agent signature requ	red when reinstating)	DATE	
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	3S IN 12
TITLE	D	DELETE	1.1]	TLE	1	☐ Change	RS IN 12
NAME	COOK, ALAN		AME				
STREET ADDRESS	V-:		REET ADDRESS			70000	
CITY-ST-ZIP			TY-ST-ZIP		Change	Addition C	
TITLE NAME	PHILLIPS, STEVE	ביי טוננוג	2.1 TI 2.2 N/			CT cuantite	
STREET ADDRESS	16511 BAYRIDGE DR.			REET ADDRESS			1
CITY-ST-ZIP	CLERMONT FL			ITY-ST-ZIP			j
TITLE			3.1 71			Change	Addition
NAME			3.2 N/	AME)	\		Ì
STREET ADDRESS			3.3 \$1	REET ADDRESS	\		
CITY-ST-ZIP			TY-ST-ZIP				
TITLE		DELETE	4.1 70	i		Change	☐ Addition
NAME			4.2 N				Ţ
STREET ADDRESS				REET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CI 5.1 Tr	IY-ST-ZIP		Change	Addition
NAME		C Mill	5.1 II 5.2 N/	i		\ Shange	ROURION
STREET ADDRESS				REET ADDRESS			
City-ST-ZIP			1	TY-ST-ZIP			
TITLE		DELETE	6.1 1(Change	Addition
NAME			6.2 N/	1			
STREET ADDRESS			6.3 ST	reet address			}
CITY-ST-ZIP			6.4 CI	ſY-ST-ZIP		\	
14. I hereby o	ertify that the information supplied v	with this filing does not qualify	for the exe	mption stated in	n Section 119.07(3)(i), Florida Statutes. I	further certify that the	information

indicated on this annual report or supplied with riss iming does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the informatic indicated on this annual report or suppliemental 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 all actions with an officer.