


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

FILED  
May 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P95000056498</b>			
1. Corporation Name <b>INTER FRAMING INC.</b>			
Principal Place of Business		Mailing Address	
<b>5348 BROWNEL ST. LOCKHART, FL. 32810</b>		<b>P.O. BOX 520115 LONGWOOD, FL. 32752</b>	
2. Principal Place of Business		3a. Date of Last Report	
21. Suite, Apt. #, etc.		<b>JULY 20, 1995</b>	
22. City & State		3b. Date of Last Report	
23. Zip		<b>02/02/96</b>	
24. Country		4. FEI Number	
25. Country		<b>593323873</b>	
26. Suite, Apt. #, etc.		5. Certificate of Status Desired	
27. City & State		<input type="checkbox"/> \$8.75 Additional Fee Required	
28. Zip		6. Election Campaign Financing	
29. Country		<input type="checkbox"/> \$5.00 May Be Added to Fees	
30. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
31. Yes		<input checked="" type="checkbox"/> No	
32. No		8. Name and Address of Current Registered Agent	
33. Name		9. Name and Address of New Registered Agent	
34. Street Address (P.O. Box Number is Not Acceptable)		10. Name	
35. City		11. Street Address (P.O. Box Number is Not Acceptable)	
36. Zip Code		12. City	
37. State		13. Zip Code	
38. Country		14. State	
39. Country		15. Country	
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			
Signature (Type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
800002183488 -05/19/97--01122--038 ***165.00			
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 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.			
SIGNATURE: <i>Louis Laroche</i> <i>Laroche</i> <i>5/1/97</i>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)