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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 # P95000058816 (6)

1. Corporation Name

FIRST CLASS INTERIORS, INC.

Principal Place of Business

200 EAST ROBINSON STREET  
SUITE 500  
ORLANDO FL 32801

Mailing Address

200 EAST ROBINSON STREET  
SUITE 500  
ORLANDO FL 32801-1817

2. Principal Place of Business

21 7512 DR. Phillips Blvd.

Suite, Apt. #, etc.

22 50-354

City & State

23 ORLANDO, FL

Zip

24 32819

Country

25 ORANSE

2a. Mailing Address

26 7512 DR. Phillips Blvd.

Suite, Apt. #, etc.

27 50-354

City & State

28 ORLANDO, FL

Zip

29 32819

Country

30 ORANSE

3. Name and Address of Current Registered Agent

FLORIDA CORPORATE SUPPORT, INC.  
200 EAST ROBINSON STREET  
SUITE 500  
ORLANDO FL 32801

81 Name

82 Street A

83

84 City

LANNY HARTSFIELD

195 S. WESTMONTE, SUITE G

ORLANDO ALTA MONTA SAC FL

85 Zip Code

32714

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

*Lanny Hartsfield*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
STREET ADDRESS BECKNER, ELEANOR S  
CITY - ST - ZIP 7533 FENWICK COVE LANE  
ORLANDO FL 32819

TITLE ☐ DELETE

NAME D  
STREET ADDRESS FINCHAM, PAULA K.  
CITY - ST - ZIP 228 SURF SCOOTER DRIVE  
DAYTONA BEACH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - 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 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:

*Eleanor Beckner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/97 (407) 352-0667

CR2E034 (9/96)