2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 05, 2004 8:00 am Secretary of State DOCUMENT # P95000065195 1. Entity Name 04-05-2004 90071 023 ***150.00 ENVIRONS INTERIORS, INC. Principal Place of Business Mailing Address 94044078 C/O ALAN J. WERSMAN C/O ALAN J. WERSMAN 160 SW 12 AVENUE #101-B DEERFIELD BEACH FL 33442 160 SW 12 AVENUE #101-B DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 1250 MAN-OWAR 1250 MAN-D-WAR DR Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 65-0605825 DELAND Not Applicable Country USIA \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent-6. Name and Address of Current Registered Agent RANK-NET-TER WERKSMAN, ALAN J 160 SW 12TH AVE., SUITE 101B DEERFIELD BEACH FL 33442 8. The above named entity submits this statement for the purposechanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered age SIGNATURE name of registered ent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 **\$5.00** May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE Change ' Addition NAME WEITER, BEVERLY NAME 1253 MANGO WAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELAND FL 32724 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME .. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete أور ا NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP 12. 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 report or supplemental 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 empowers the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address - with all oth

FILED