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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARIMENT OF STATE Sandra B. Mortham

Secretary of State .

DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000073102 (2)
1. Corporation Name

TIMELY INTERIORS CORPORATION

Principal Place of Business Malling Address 2401 SOUTHWEST 31 AVENUE 2401 SOUTHWEST 31 AVENUE PEMBROKE PINES FL 30009 PEMBROKE PINES FL 33009 3. Date Incorporated or Qualified 3a. Date of Last Report 09/21/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0608935 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Ζφ Country 8. This corporation has liability for intangible tax under s 199.032, 24 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SAM JAZAYRI THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 82 Street Address (P.O. Box Number is Not Acceptable) SW 31 AVE 343 ALMERIA AVENUE CORAL GABLES FL 33134 83 84 PEMBROKE PARK 33009 11:12 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed pen (NOTE: Registered Agent a gnature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PSTD DELETE. TITLE ☐ Change ☐ Addition 1. 1 THILE JAZAYRI, JANICE NAME 1.2 NAME 2401 SOUTHWEST 31 AVENUE STREET ADDRESS 1.3 STREET ADDRESS PEMBROKE PINES FL 33009 CITY-ST-ZIP 1.4 CITY-ST-ZIP Pres. Soc. Tres, Directioner TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS Mouri, Fl 33175 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE TT DELETE 3 1 TITLE Change ☐ Addition NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS

14. Ido hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report of 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 directed of the corporation or titel receiver or trustee expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if the exemption with an address.

34 CITY-S7-ZIP

4.3 STREET ADDRESS

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6.3 STREET ADDRESS

5.4 CITY - ST - 2/P

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4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

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6.2 NAME

SIGNATURE:

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