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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000008303

1. Corporation Name

APEX INTERIOR, INC.

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90158 030 ***150.00



					-				
Principal Place of Business Mailing Address									
	•	781 DUQUE RD							
LUTZ FL 33549		LUTZ FL 33549			DO NOT WRITE IN THIS SPACE				
					3. Date Incorporated or Qualifed	<u> </u>			
					01/16/1996			- 1	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number		An	plied For	
	ASPEN MEADOWS DR	26 17008 ASPEN	MEA	DOWS DI	•		 	t Applicable	
Suite, Apt. :		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75		
LUTZ F		⊢ '''	¬ !				Fee Re		
City & State		City & State			6. Election Campaign Financing		\$5.00	May Re	
33549	-	28 33549			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Countr	ν	8. This corporation owes the curre	ent vear Inta			
24	25	29 30		•	Personal Property Tax.	THE YOUR THIS	Yes	.□No	
24	9. Name and Address of Current F				10. Name and Address of New R	egistered /			
	5, 1 cm and Address 6, 64, 646		8	Name					
MUNIZ, FELIX JR					NIZ, FELIX JR				
النبائي.			8		ss (P.O. Box Number is Not Acceptable) ASPEN MEADOWS DR				
LUTZ FL 33549				3	ASI EN MERDOWS D				
			"				***		
			8		,	FL	85 Zip (
				LUT	Z			549	
office or re	to the provisions of Sections 607.0502 agistered agent, or both, in the State of	Florida, Such change was author	rized b	v the corporation	n's board of directors. I hereby accept	t the appoir	itment as re	gistered	
agent. I ar	n familiar with) and accept the obligatio	ns of, Section 607.0505, Florida	Statute	s.	~				
SIGNATURE	XXXX M	mid T teli	(X	nuni	2 15			\	
	Signature, typed or printed name of registered agent a	F/3 =		ent signature required	······································	DATE AND	n DIDECTO	DC (N. 42	
12.	OFFICERS AND	□ DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	Addition	
TITLE		DELETE	1.1 TITLE				omango		
NAME	MUNIZ, FELIX JR		1.2 NAME						
STREET ADDRESS	781 DUQUE RD			ET ADDRESS]	
CITY-ST-ZIP	LUTZ FL 33549	G asi ste	1.4 CITY-	$\overline{}$			Change	Addition	
TITLE	DST	☐ DELETE	2.1 TITLE				☐ Change	L. Addition }	
NAME	MUNIZ, ROSE MARIE		2.2 NAME	!)				Ì	
STREET ADDRESS	781 DUQUE RD		2.3 STRE	ET ADDRESS	- · .	·			
CITY-ST-ZIP	LUTZ FL 33549		2.4 CITY	-ST-ZIP		 _			
TITLE		DELETE	3.1 TITLE				Change	☐ Addition	
NAME			3.2 NAME	:					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP			3.4. CITY-	-ST-ZIP					
JITIT		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition	
NAME			4, 2 NAM	E					
STREET ADDRESS			4.3 STRE	ET ADDRESS					
CITY-ST-ZIP			4.4 CITY-	ST-Z#P					
TITLE		☐ DELETE	5.1 TITLE				Change	Addition	
NAME			5.2 NAME	:		٠.			
STREET ADDRESS			5.3 STRE	ET ADDRESS		•	-		
			5.4 CITY-	l l					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition	
			6.2 NAME			•		"	
NAME				ET ADORESS			•		
STREET ADDRESS				Į.					
CITY-ST-ZIP			6.4 CITY-	91-71L					

CITY-ST-ZIP 14. 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 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, with all other like empowered.

SIGNATURE: