

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

FILED

May 09 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 # P96000034201 (9)

1. Corporation Name
GRIFFIN INTERIORS OF NAPLES, INC.

Principal Place of Business
581 CYPRESS WAY EAST
NAPLES FL 33942

Mailing Address
581 CYPRESS WAY EAST
NAPLES FL 34110-1109



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/18/1996		3a. Date of Last Report N/A	
21. 2025 J & C Blvd.		26. Suite, Apt. #, etc.		4. FEI Number 65-0666375		Applied For Not Applicable	
22. Suite No. 4		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23. Naples, FL		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. 34109		25. Country		29. Zip		30. Country	
26. 34109		27. Country		29. Zip		30. Country	

9. Name and Address of Current Registered Agent PFEUFFER, WILLIAM A 1124 GOODLETTE ROAD NAPLES FL 33940				10. Name and Address of New Registered Agent			
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)			
83. City				84. Zip Code			
FL				85. Zip Code			

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: typed 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	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	GRIFFIN, KENT	1.2 NAME	GRIFFIN, KENT
STREET ADDRESS	581 CYPRESS WAY EAST	1.3 STREET ADDRESS	581 CYPRESS WAY EAST
CITY - ST - ZIP	NAPLES FL 33942	1.4 CITY - ST - ZIP	NAPLES, FL 34110-1109
TITLE		2.1 TITLE	VICE-PRESIDENT
NAME		2.2 NAME	GUILLAUME, PATRICK
STREET ADDRESS		2.3 STREET ADDRESS	568 107th Ave N.
CITY - ST - ZIP		2.4 CITY - ST - ZIP	NAPLES, FL 34108
TITLE		3.1 TITLE	SECRETARY/TREASURER
NAME		3.2 NAME	GRIFFIN, MELISSA
STREET ADDRESS		3.3 STREET ADDRESS	581 CYPRESS WAY E.
CITY - ST - ZIP		3.4 CITY - ST - ZIP	NAPLES, FL 34110-1109
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Kent Griffin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97

Date

941-594-7277

Daytime Phone #

CP2E034 (9/96)