

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 # **990000043071**

1. Corporation Name

INTERIOR IMPORTS, INC.

99 APR 22 AM 11:47

STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**10123 HWY 98 WEST
DESTIN, FL 32541**

Mailing Address

**10859 HWY 98 WEST
BOX 4-118
DESTIN, FL 32541**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10123 HWY 98 WEST

2a. Mailing Address

10859 HWY 98 WEST

3. Date incorporated or created

5/20/96

Applied Fee
FEE REQUIRED

\$8.75

4. FEE Number

59-3386404

5. Certificate of Status Desired

1

6. Election Campaign Financing

1

\$5.00 May Be
Added to Fees

7. This corporation owes the current year Intangible

Personal Property Tax

1 Yes **X** No

8. Name and Address of New Registered Agent

MITZI J. SWITZER

44 TANG O MAR

DESTIN, FL 32541

4/19/99

2000002862392--2

-05/04/99--01087--018

******150.00 ****150.00**

Suite Apt #, etc

22. City & State

DESTIN, FL

23. Zip

32541

24. Country

USA

Suite Apt #, etc

27. City & State

DESTIN

28. Zip

FL 32541

29. Country

USA

9. Name and Address of Current Registered Agent

**MITZI J. SWITZER
44 TANG O MAR
DESTIN, FL 32541**

81. Name

MITZI J. SWITZER

82. Street

44 TANG O MAR

83. City

DESTIN

84. State

FL

85. Zip Code

32541

11. Pursuant to the provisions of Sections 607.053 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 of the registered agent. I am familiar with and accept the obligations of, Section 607.0535, Florida Statutes.

SIGNATURE

MITZI J. SWITZER

12. TITLE

PRESIDENT

NAME

MITZI J. SWITZER

STREET ADDRESS

44 TANG O MAR

CITY-STATE-ZIP

DESTIN, FL 32541

TITLE

[DELETE]

NAME

[DELETE]

STREET ADDRESS

[DELETE]

CITY-STATE-ZIP

[DELETE]

TITLE

[DELETE]

NAME

[DELETE]

STREET ADDRESS

[DELETE]

CITY-STATE-ZIP

[DELETE]

TITLE

[DELETE]

NAME

[DELETE]

STREET ADDRESS

[DELETE]

CITY-STATE-ZIP

[DELETE]

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information indicated on this annual report or supplied data 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:

MITZI J. SWITZER

4/19/99 850-654-0653

CR2E034 (11/98)