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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 18 1997 8:00am Secretary of State

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DOCUMENT # P96000069601 (8)

IN HOUSE RESIDENTIAL INTERIORS, INC.

Principal Place of Business	Mailing Address		a till trade sad smirt allett anter moter meter meter	Matrin enrice gebrit Adiffi eine ciant
23373 DRAYTON DRIVE BOCA RATON FL 33433	23373 DRAYTON DRIVE BOCA RATON FL 33433-727	3		
			08/15/1996	Date of Last Report
2. Principal Place of Business	28, Mailing Address		4. FEI Number	Applied For
21	26		65-0691752	Not Applicable
Suite, Apt #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country <b>25</b>	Zip 29 3	Country	This corporation has liability for intangler     Florida Statutes     Yes	
g, Name and Address of Curren	t Registered Agent		10. Name and Address of New Register	ed Agent
BATES, JANET R		81 Name		
23373 DRAYTON DRIVE BOCA RATON FL 33433		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
		83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607.050.	2 and 607.1508, Florida Statutes	the above-named corp		
Pursuant to the provisions of Sections 607.050 office or registered agent or both, in the State agent. I am familiar with and accept the obligations.	of Florida, Such change was au ations of Section 607 0505. Flori	thorized by the corporal da Statutes.	tion's board of directors. I hereby accept the	appointment as registered
1			<b>&gt;</b>	41497
		Registered Agent signature requi	ired when reinstating) DAT	111111
12. OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TONE JONET R. BATO	<b>V</b> □ DELETE	1.1 TITLE	•	Change Addition
NAME 22302 MONTON	SRIVE	1.2 NAME		
STREET ADDRESS	32/13.3	1.3 STREET ADORESS	•	
CITY-ST-7IP SXXX VATIN	(' 20477	1.4 City - St - ZiP		About I Market
TITLE	☐ DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CiTY-ST-ZIP	DELETE	2. 4 CITY - ST - ZIP		Change Addition
TITLE	FT DECEME	3.1 TITLE		The Country of the Co
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
TITLE	DELETE	3.4. CITY-ST-7IP 4.1 TITLE		Change Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS	•	
CHY-SI-ZIP		4.4 CITY-ST-ZIP		
Title	☐ DELETE	5.1 TITLE		Change Addition
i NAME	<del>-</del>	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CHY-SI-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		Change Addition
NAME		6.2 NAME		
STREET ALIDRESS		6.3 STREET ADDRESS		
Crty-S1-20F		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 inclicated 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 changes or an attachment with an address.

SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

561-361-8115