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May 02 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 # P96000076205 (9)

1. Corporation Name
INTERIOR ELEMENTS, INC.



Principal Place of Business
16105 NE 18TH AVENUE
NO MIAMI BEACH FL 33162

Mailing Address
16105 NE 18TH AVENUE
NO MIAMI BEACH FL 33162-4749

3. Date Incorporated or Qualified
09/13/1996

3a. Date of Last Report
—

2. Principal Place of Business

2a. Mailing Address

21 6427 SARANAC Circle
Suite, Apt. #, etc.

26 6427 SARANAC Circle
Suite, Apt. #, etc.

22 City & State
DAVIE FL

27 City & State
DAVIE, FL

23 Zip Country
33331-2115 US

28 Zip Country
33331-2115 US

4. FEI Number
65-0729112
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONES, VICTOR K
16105 NE 18TH AVENUE
NO MIAMI BEACH FL 33162

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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
NAME SHEDD, LARRY
STREET ADDRESS 16105 NE 18TH AVENUE
CITY-ST-ZIP NO MIAMI BEACH FL 33162

1.1 TITLE D
1.2 NAME Collier, Lorraine
1.3 STREET ADDRESS 510 Channel Court
1.4 CITY-ST-ZIP Palm Harbor, FL 34684

TITLE D
NAME COLLIER, MARK
STREET ADDRESS 16105 NE 18TH AVENUE
CITY-ST-ZIP NO MIAMI BEACH FL 33162

2.1 TITLE D
2.2 NAME Shedd, Linda
2.3 STREET ADDRESS 6427 Saranac Circle
2.4 CITY-ST-ZIP DAVIE, FL 33331

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: X [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 954-434-5370
Date Daytime Phone #

CR2E034 (9/96)