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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000077842 (8)

SHOWHOMES INTERIORS, INC.

FILED Feb 26 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									
2000 4TH ST. St. Petersbi			2000 4TH ST. N. STE. 117 St. Petersberg Fl 33704			DO NOT WRITE I	N THIS SPA	ACE	
						3. Date Incorporated or Qualified 09/18/1996			
9 Principal Pi	ace of Business	2a Maili	ng Address		.	4. FEI Number		TAL	plied For
21	aco or positions	26	.			59-3434556			t Applicable
Suite, Apt.	#. etc.		Apt. #, etc.					\$8.75	
22	,	27				5. Certificate of Status Desired		Fee Re	I
City & State)		& State			6. Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip		Count	ry	8. This corporation owes or has paid			
24	25	29		30		Personal Property Tax due June 3			J No
	9. Name and Address of Curre	nt Registered	Agent		al	10. Name and Address of New Reg	stered Age	ent	
SH	ARP, BONNIE L			8	1 Name				
2800 4TH ST. N. STE. 117				8	2 Street Add	dress (P.O. Box Number is Not Acceptable	9)		
ST.	PETERSBURG FL 33704			L					
•				8	3				Ì
				8	4 City			85 Zip (Code
					<u></u>		FL		
office or re	o the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida, Su	ch change was	authorized I	by the corpora	poration submits this statement for the pu ation's board of directors. I hereby accept	rpose of ch the appoin	anging it tment as	s registered registered
SIGNATURE									
, GIGITATIONE	Signature, typed or printed name of registered ag				gent signature requ	uired when reinstating)	DATE		
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE			
TITLE	PD		☐ DELETE	1.1 TITLE	j		L	Change	☐ Addition
NAME	SHARP, BONNIE L			1.2 NAM					1
STREET ADDRESS	2800 4TH ST. N. STE. 117				ET ADDRESS				1
CITY-ST-ZIP	ST. PETERSBERG FL		T on the	1,4 CITY				Change	Addition
TITLE	VD		☐ DELETE	2.1 T(TLE				1 Change	L. Audilion
NAME	SHARP, MARC			2.2 NAMI	i				
STREET ADDRESS	2800 4TH ST. N. STE. 117				ET ADDRESS				
CITY-ST-ZIP	ST. PETERSBERG FL		D process	2. 4 CITY				Change	Addition
TITLE			☐ DELETE	3.1 TITLE			L) Ollariğe	- Monitori
NAME				3.2 NAMI					
STREET ADORESS					ET ADDRESS				
CITY-ST-ZIP		,	DELETE	3.4. CITY				Change	Addition
TITLE			☐ DELET E	4.1 TITLE			_) onange	
NAME				4. 2 NAM	1	•			
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			DEVETE	4.4 CITY				Change	Addition
TITLE			DELETE	5.1 TITLE			L	Change	LI MUUNUNI
NAME				5.2 NAMI					
STREET ADDRESS					ET ADDRESS				
CITY-ST-ZIP			Dr. ere	5.4 CITY				Channe	Addison
TITLE			DELETE	6.1 TITLE			L	Change	Addition
NAME				6.2 NAMI		•			
STREET ADDRESS				6.3 STRE	ET ADDRESS				
CITY-ST-ZIP				6.4 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 attack.

2-16-08 (813)895-2227