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 # 1. Corporation Name P96000077977 (2)

INTERIORS BY R & B SERVICES, INC.

Principal Place of Business	Mailing Address	٠,
4120 OAK CIRCLE BOCA RATON FL 33431	4120 OAK CIRCLE BOCA RATON FL 33431	

FILED Mar 05 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address			•				
4120 OAK CIR	ICLE	4120 OAK CIRCLE							
BOCA RATON FL 33431		BOCA RATON FL 33431				DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualified			
						09/18/1996		İ	
2 Principal Pl	ace of Business	2a. Mailing Address				4, FEI Number	Ar	plied For	
	doe of business	26				65-0696690		t Applicable	
Suite, Apt	# etc	Suite, Apt. #, etc.		_			\$8.75		
22	, 010.	27				6. Certificate of Status Desired	Fee Re		
City & State		City & State				6. Election Campaign Financing	\$5.00	May Ro	
23		28				Trust Fund Contribution	Added t		
Zip	Country	Zip	Cour	ntry		8. This corporation owes or has paid the curr			
24	25	29	30	·				No	
	9. Name and Address of Curren					10. Name and Address of New Registered A			
PΩ	SGROVE SEXTON, RHONDA			81	Name				
			-			(D.O. Davidson in Net Assessable)			
4120 OAK CIRCLE BOCA RATON FL 33431				82	Street Addi	ress (P.O. Box Number is Not Acceptable)			
ВО	UA MATON PL 33431		ŀ	83					
				84	City	FL	11'	Code	
11. Pursuant t	o the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the ab	ove	-named corp	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appo	changing It	s registered	
office of re	egi ste red agent, or both, in the State m fam iliar with, and accept the obliga	of Florida. Such change was at ations of Section 607.05 05. Flor	uthorized rida Stati	d by utes.	tne corporal	tion's board of directors. I hereby accept the appo	onument as	registered	
•	The state of the constraint of								
SIGNATURE	Signature, typed or printed name of registered ago	int and title it applicable. (NOTE:	Registered	i Agen	nt signature requi	ired when reinstating) DATE			
12.	OFFICERS ANI	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	P	☐ DELETE	1.1 TIT	LE.			L Change	☐ Addition	
NAME	POLSGROVE SEXTON, RHON	DA	1.2 NA	ME					
STREET ADDRESS	2439 SOUTHWEST 35TH AVE		1.3 \$TI	REET #	ADDRESS			ļ	
CITY-ST-ZIP	DELRAY BEACH FL 33445		1.4 CIT	TY-ST	í - ZIP				
TITLE				2.1 TITLE			☐ Change	Addition	
NAME		2.2		2.2 NAME				l	
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS					
CITY+ST-ZIP					T- ZIP			. 1	
TITLE		DELETE					Change	Addition	
NAME			3.2 NA	ME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			3.4. CI					1	
TITLE		DELETE 4.1					☐ Change	Addition	
NAME		 - ·-	4. 2 NA						
					ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP		DELETE	4.4 CITY-1		- ZIP		Change	Addition	
TITLE			5.1 III						
NAME					ADODERC			1	
STREET ADDRESS					ADDRESS				
C!TY-ST-ZIP		Deceme	5.4 CIT		-ZIP		☐ Change	Addition	
TITLE		☐ DELETE	6.1 TIT				☐ CHARGE		
NAME			6.2 NA						
STREET ADDRESS			6.3 ST	reet /	ADDRESS				
CITY-ST-7IP			6.4 CIT	TY-ST	í~ZIP			ļ	

14. Thereby 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 fusitee 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.