

FILE NOW; FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000086294 (1)

1. Corporation Name  
MOORINGS INTERIORS, INC.



Principal Place of Business

C/O JONATHAN H. GREEN, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI FL 33131-2816

Mailing Address

C/O JONATHAN H. GREEN, P.A.  
799 BRICKELL PLAZA, SUITE 700  
MIAMI FL 33131-2816

3. Date Incorporated or Qualified 10/18/1996  
3a. Date of Last Report

2. Principal Place of Business

21 C/o Eileen Plasky  
22 3485 N. MOORINGS Way  
23 Coconut Grove, Fl.  
24 33133 25 USA

2a. Mailing Address

26 C/o Eileen Plasky  
27 3485 N. MOORINGS Way  
28 Coconut Grove, Fl.  
29 33133 30 USA

4. FEI Number 65-0704027  
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

GREEN, JONATHAN H  
799 BRICKELL PLAZA, SUITE 700  
MIAMI FL 33131-2816

10. Name and Address of New Registered Agent

81 Name Eileen Plasky  
82 Street Address (P.O. Box Number is Not Acceptable) 3485 N. MOORINGS Way  
83  
84 City Coconut Grove, FL 85 Zip Code 33133

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] Eileen Plasky 1/29/97  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GREEN, JONATHAN H	
STREET ADDRESS	799 BRICKELL PLAZA, SUITE 700	
CITY - ST - ZIP	MIAMI FL 33131-2816	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Eileen Plasky	
13 STREET ADDRESS	3485 N. MOORINGS Way	
14 CITY - ST - ZIP	COCONUT GROVE, FL. 33133	
21 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	K. Cody Jones	
23 STREET ADDRESS	3427 N. MOORINGS Way	
24 CITY - ST - ZIP	COCONUT GROVE, FL. 33133	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: [Signature] 1/29/97 (305) 4...  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (9/96)