

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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90019 045 ***150.00

U1351123

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000086294

1. Corporation Name
MOORINGS INTERIORS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 C/O ELLEN PLASKY
 3485 N. MOORINGS WAY
 COCONUT GROVE FL 33131
 US

Mailing Address
 C/O ELLEN PLASKY
 3485 N. MOORINGS WAY
 COCONUT GROVE FL 33131
 US

3. Date Incorporated or Qualified
10/18/1996

2. Principal Place of Business
21 C/O EILEEN PLASKY

2a. Mailing Address
26 C/O EILEEN PLASKY

4. FEI Number
65-0704027

Applied For
 Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

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

City & State
23

City & State
28

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

Zip Country
24 **25**

Zip Country
29 **30**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLASKY, ELLEN H
 C/O ELLEN PLASKY
 3485 N. MOORINGS WAY
 COCONUT GROVE FL 33131

81 Name
EILEEN PLASKY C/O EILEEN PLASKY

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **P**
 NAME **PLASKY, ELLEN**
 STREET ADDRESS **3485 N. MOORINGS WAY**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

1.1 TITLE **P**
 1.2 NAME **EILEEN PLASKY**
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE **T** DELETE
 NAME **JONES, K. CODY**
 STREET ADDRESS **3427 N MOORINGS WAY**
 CITY-ST-ZIP **COCONUT GROVE FL 33133**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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 attachment with an address, with all other like empowered.

SIGNATURE: *Elleen H. Plasky* **Elleen H. PLASKY** Date **3/6/99** Daytime Phone # **(305)444-0878**

CR2E034 (1/198)