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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000089156 (9)

INTERIORS BY JOSEPH INC.

Princ	CIDAI PI	ace or	Busine
.1401	JUANA	ROAD)

Mailing Address

CACH AMAIN, 1041

FILED Jun 03 1997 8:00am Secretary of State



BOCA RATON FL 33486		BOCA RATON FL 33486-6601					
					3. Date Incorporated or Qualified 10/28/1996	3a. Date of	Last Report
	lace of Business	2a. Mailing Address			4. FEI Number 0703851		Applied For
21		26			66-0103852	>	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & Stat	& State City & State					5.00 May Be	
23 Zin	Country	28		Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	У	8. This corporation has liability for i	- · · —	• 1
24	25 S. Name and Address of Curren	t Registered Agent	30		Florida Statutes L 10. Name and Address of New Re	Yes No	
700	RA, RONALD	t trogistoros Agoint	81	Name	10, Name and Address of New Ne	Jistereu Agent	
	1 JUANA ROAD						
	CA RATON FL 33486		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
500	A IMIONIL COTO		83	3			
			84	City		FL 85	Zip Code
Office of f	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	: authorized b	or the corpora	poration submits this statement for the pation's board of directors. I hereby accep	uroono of obon	ging its registered ent as registered
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NO	TE: Registered Ag	jon: signature requ	uired when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	PSTD	☐ DELETE	1.1 TITLE			☐ Ct	hange
NAME	ZERRA, RONALD		1.2 NAME				
STREET ADDRESS	1401 JUANA ROAD		13 STREE	T ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33486		1.4 CiTY-	ST-7IP			
TITLE		DELETE	2.1 TITLE			☐ CH	hange L. Addition
NAME			2.2 NAMÉ				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY -	ST - ZIP			
NAME		C Deterio	3.1 TITLE			∐ Cr	hange L Addition
STREET ADDRESS			3.2 NAME	T ADDRESS			
CITY+ST-ZIP				T ADDRESS			
TITLE		☐ DELETE	3.4. City-	51-ZIP		☐ Ch	nange Addition
NAME			4 2 NAME				marigo (
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-1				
TITLE		DELETE	5.1 TITLE	31-24		Ch	nange Addition
NAME		—	5.2 NAME			۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
STREET ADDRESS	1.32 . 1.2			1 ADDRESS			
CITY-ST-ZIP			5.4 CITY - 5				
TITLE		DELETE	6.1 TITLE			Ch	nange
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			İ
CITY-ST-ZIP			6.4 CITY-5				
	y certify that the information supplied	with this filing does not qual			d in Section 119 07(3)(i) Florida Statutes	I further certify	v 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