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

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P96000093329 1. Corporation Name

**MELANGE INTERIORS, INC.** 

Principal Place of Business	Mailing Address
11774 SE FEDERAL HWY. HOBE SOUND FL 33455	11774 SE FEDERAL HWY. HOBE SOUND FL 33455
2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State

**FILED** Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90075 007 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed <u>11/14/1996</u> 4. FEI Number Applied For <u>65-07</u>12490 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 30 Personal Property Tax. ☐ Yes □No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RICHARD-MORGAN, FRANCESCA 11774 SE FEDERAL HWY. 82 Street Address (P.O. Box Number is Not Acceptable) **HOBE SOUND FL 33455** 83 84 City 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 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (11/98) TITLE ☐ DELETE 1.1 TITLE Change ☐ Addition NAME RICHARD, FRANCESCA 1.2 NAME 18517 W. DIXIE HIGHWAY STREET ADDRESS 1.3 STREET ADDRESS NORTH MIAMI BEACH FL 33180 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE □ DELETE 2.1 T/T/F ☐ Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE ☐ Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS OTTY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE ☐ Change ☐ Addition **IAME** 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TILE ☐ DELETE 6.1 TITLE ☐ Change Addition JAME 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS JTY-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 by 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 exemption of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE: