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

Mailing Address

12200 NW 7 STREET

PLANTATION FL 33325

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 22, 1999 8:00am

**Secretary of State** 

01-22-1999 90002 028 \*\*\*155.00

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P9700000161**1. Corporation Name

Principal Place of Business 12200 NW 7 STREET

PLANTATION FL 33325

ARIAM INTERIORS, INC.

						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						01/02/1997			
2. Principa	al Place of Business	2a. Mailing	Address			4. FEI Number	Ap	olied For	
21		26				65-0730207	No	Applicable	
Suite, A	pt. #, etc.	Suite, A	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	dditional	
22		27		•		5. Certificate of Status Desired	Fee Re	quired	
City & State		City &	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution	Added to	Fees	
Zip	Country	Zip		_ Country	•	8. This corporation owes the current year Inta			
24	25	29	30	<u>)</u>		. arabitan reparty rain		□No	
	9. Name and Address of		gent			10. Name and Address of New Registered A	gent		
_	OODDO MADIA			81	Name		•		
COORDS, MARIA				82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)			
12200 NW 7 STREET								25 - 600 - 12.65	
PLANTATION FL 33325				83				出退職士	
				84	City		85 Zip C	ode	
	11.00			D-4	City	FL	21p C	.00 <del>c</del>	
11. Pursua	ant to the provisions of Sections	607.0502 and 607.1508,	, Florida Statutes,	the above	-named corpo	oration submits this statement for the purpose of c	hanging its	registered	
office	or registered agent, or both, in th I am familiar with, and accept th	ne State of Florida. Such ne obligations of Section.	change was autho 607.0505. Florida	iorized by a Statutes.	the corporatio	on's board of directors. I hereby accept the appoint	tment as reg	ıstered	
	,	.o obligatione oil, cooleil							
SIGNATUR	Signature, typed or printed name of regi-	istered agent and title if applicable	. (NOTE: Rec	gistered Agen	l signature required	d when reinstating) DATE			
12.	OFFIC	ERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD		□ DELETE	1.1 TITLE					
NAME	COORDS, MARIA			LA DILLE			☐ Change	☐ Addition	
STREET ADDRE	AGGGG ANAL T OTDEET	•	J	1.2 NAME			∐ Change	☐ Addition	
CiTY-ST-ZIP	ess 12200 NW 7 STREET	·			ADDRESS		Change	☐ Addition	
	PLANTATION FL 33325	·	J	1.2 NAME			☐ Change	☐ Addition	
TITLE		· 	DELETE	1.2 NAME 1.3 STREET		· ,·	☐ Change	☐ Addition	
TITLE NAME				1.2 NAME 1.3 STREET 1.4 CITY-ST			_ ,	_	
	PLANTATION FL 33325	· 		1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE	-ZIP	· ,·	_ ,	_	
NAME STREET ADDRE	PLANTATION FL 33325	· · · · · · · · · · · · · · · · · · ·		1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET	- ZIP - ADORESS		_ ,	_	
NAME	PLANTATION FL 33325			1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME	- ZIP - ADORESS		_ ,	_	
NAME STREET ADDRE CITY-ST-ZIP TITLE	PLANTATION FL 33325	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	- ZIP - ADORESS	· ,·	☐ Change	Addition	
NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PLANTATION FL 33325	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	- ZIP - ADDRESS T-ZIP	· ,·	☐ Change	Addition	
NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADORE	PLANTATION FL 33325	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET	- ZIP - ADDRESS T-ZIP ADDRESS		☐ Change	Addition	
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NAME STREET ADDRI CITY-ST-ZIP TITLE NAME STREET ADORI CITY-ST-ZIP TITLE NAME	PLANTATION FL 33325		☐ DELETE	1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S' 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S' 4.1 TITLE 4.2 NAME	-ZIP - ADDRESS T-ZIP - ADDRESS T-ZIP - ADDRESS - ADDRESS		☐ Change	Addition Addition	

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.

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP TITLE

NAME

DELETE

☐ Change

☐ Addition