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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000027289 (2)

J. G. S. CUSTOM INTERIORS, INC.

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Principal Place of Business			Ma	Mailing Address						
6720 NW 21ST 8T				6720 NW 21ST ST						
MARGATE FL 33063				MARGATE FL 33063			DO NOT WAI	DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualified			
							03/21/1997			
2. Principal P	lace of Busin	ness	2a.	Mailing Address			4, FEI Number	Applied	d For	
21			26	_			1650752337	Not Ap	pplicable	
Suite, Apt. #, etc.				Suite, Apl. #, etc.			5. Certificate of Status Desired	\$8.75 Addit		
22			27				3. Cermone of States Desired	Fee Requir	ed	
City & State			<u> </u>	City & State			6, Election Campaign Financing	\$5.00 May	•	
23			28		1 6		Trust Fund Contribution	Added to Fe		
Zip		Country		Zip	Counti	У	8. This corporation owes or has Personal Property Tax due Ju-			
24	a Name	25 and Address of	29 Current Regis	tered Agent	[30]		10. Name and Address of New I			
	<u> </u>				8	Name				
	CHMITT, J.					Chank A	datage (D.O. Boy Number in Not Appent	abla)		
6720 NW 21ST ST Margate Fl 33063					8:	Street Ad	ddress (P.O. Box Number is Not Accept	able)		
MANUAL LE 00000					8:	3				
					84	City		85 Zip Code	Α	
					j	1		FL		
11. Pursuant	to the provis	ions of Sections	607.0502 and 6	07.1508, Florida Si	tatutes, the abo	ve-named c	orporation submits this statement for the oration's board of directors. I hereby acc	 purpose of changing its region 	gistered istered	
agent. La	ım lam iliar w	ith, and accept the	ie obligations of	, Section 60 7.0 505	5, Florida Statute	es.	rations board of directors. Thereby dec	ept the appointment as regi	310100	
SIGNATURE										
	Signature, typic c	for panied name of reg	Stendingent and Min RS AND DIREC	:	(NOTE Registered A	gent signature ré	ADDITIONS/CHANGES TO OF	DATE		
12.	PSD	OFFICE	LIS MALL DIVE	DELLTE		-·T	ADDITIONS/CHANGES TO OT		Addition	
NAME		IITT, JAMES G			1.2 NAME					
STREET ADDRESS		NW 21ST ST				T ADDRESS				
CITY-ST-ZIP		ATE FL 33063			1.4 CHTY-					
TITLE				DELFTE				☐ Change ☐	Addition	
NAME					2.2 NAME					
STREET ADDRESS					2.3 STREE	T ADDRESS				
CITY-ST-ZIP					2. 4 CITY	ST-ZIP			_	
TITLE				DELETE	3.1 TITLE			Change L	_] Addition	
NAME					3.2 NAME					
STREET ADDRESS					3.3 S1RE	T ADDRESS				
CITY-ST-ZIP				Delete	3.4 CITY			Change	Addition	
TITLE				□ DELETE					_ Audition	
NAME					4. 2 NAM				į	
STREET ADDRESS					4.3 STREE	1 ADDRESS				
CITY-ST-ZIP				DELETE				Change	Addition	
NAME					5.2 NAME					
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP					5.4 CITY-					
TITLE				☐ DELETE				Change	Addition	
NAME					6.2 NAME					
STREET ADDRESS					6.3 STREE	T ADDRESS				
	I									

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 suppliemental 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

FILED

May 15 1998 8:00am

Secretary of State