

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

**FILED**  
**May 28 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000037111 (6)**

**1. Corporation Name**  
**ARJ INTERIORS, INC.**



**Principal Place of Business**

**8475 N.W. 2ND MANOR  
 CORAL SPRINGS FL 33065**

**Mailing Address**

**8475 N.W. 2ND MANOR  
 CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**21** ~~8475 N.W. 2ND MANOR~~

Suite, Apt. #, etc.

**22** ~~Coral Springs~~

City & State

**23**

Zip Country

**24**

**25**

**2a. Mailing Address**

**26** ~~8475 N.W. 2ND MANOR~~

Suite, Apt. #, etc.

**27**

City & State

**28**

Zip Country

**29** **30**

**3. Date Incorporated or Qualified**

**04/25/1997**

**4. FEI Number**

**65-0746729**

Applied For  
 Not Applicable

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution**

**\$5.00 May Be Added to Fees**

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**

Yes

No

**9. Name and Address of Current Registered Agent**

**CASSAVITIS, ROBERT  
 8475 N.W. 2ND MANOR  
 CORAL SPRINGS FL 33065**

**10. Name and Address of New Registered Agent**

**81** Name

**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 resigning)

DATE

**12. OFFICERS AND DIRECTORS**

OFFICERS AND DIRECTORS

**TITLE**

**D**

DELETE

**NAME**

**CASSAVITIS, ROBERT**

**STREET ADDRESS**

**8475 N.W. 2ND MANOR**

**CITY-ST-ZIP**

**CORAL SPRINGS FL 33065**

**TITLE**

DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**TITLE**

DELETE

**NAME**

**STREET ADDRESS**

**CITY-ST-ZIP**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE**

Change

Addition

**1.2 NAME**

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE**

Change

Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE**

Change

Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE**

Change

Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE**

Change

Addition

**5.2 NAME**

**5.3 STREET ADDRESS**

**5.4 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.**

*Robert Cassavitis*

*4/25/98*

CR2E034 (10/97)