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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90203 039 ***150.00

DOCUMENT # P97000048219

1. Corporation Name

DEHAVEN INTERIORS, INCORPORATED

Principal Place	e of Business	Mailing Address					
8659 PLAYEFS	СТ	8659 PLAYERS CT					
LARGO FL 3:3777 LARGO		LARGO FL 33777	ARGO FL 33777		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					05/30/1997		1
O Delected D	Is an of Business	2a. Mailing Address			4. FEI Number	Apr	pied For
_	lace of Business	——————————————————————————————————————			59-3448564		t Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				\$8.75 A	
22	H, C.C.	27			5. Certifcate of Status Desired	Fee Red	
City & State		City & State			6. Election Campaign Financing	\$5.00	Nav Be
23	-	28			Trust F and Contribution	Added to	- 1
Zip	Coun ry	Zip	Country		8. This corporation owes the current year	r Intangible	
24	25	29 30	0		Personal Property Tax.	X Yes	[]No
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New Registe	red Agent	
			81	Name			
	AVEN, SCOTT		82	Street Ad	tress (P.O. Box Number is Not Acceptable)		
8659 PLAYERS CT							
LARO	GO FL 33777		83				
			84	City		85 Zip C	Code
				1	•	F1L	
office o r	registered agent, or both, in the Sta im familiar with, and accept the obli	ite ο Florida. Such change was εutf igations of, Section 607.0505, Fk rid	norized by la Statutes	tne corporat	poration submits this statement for the purposion's board of directors. I hereby accept the a	ррушинен аз геу	gistered
office o · r agent. I a	registered agent, or both, in the Sta m familiar with, and accept the obli Signature, typed or printed har le of registered a	ite o Florida. Such change was a utfigations of, Section 607.0505, Florid agent and title if applicable. (NOTE: Re	norized by la Statutes	tne corporat	red when reinstating) DAT	E	
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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 supplied that it 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 of 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 far attachment with an address, with all other like empowered.

62 NAME

5 4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: .

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

Change

Addition