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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000055225 (1)

BLH INTERIORS, INC.

## **FILED** May 06 1998 8:00am Secretary of State



| Principal Place of Business |   |                  | Mailing Address            |               |          |                 | CASHER IIA 1911 ABU BRILL BRILL BRILL BRIEL BLIEF HERR RIEL SHE SHE SHE  |  |
|-----------------------------|---|------------------|----------------------------|---------------|----------|-----------------|--|--|
| 8831 CRESTO                 | SATE CIRCLE                                     | 8631             | 9631 CRESTGATE CIRCLE      |               |          |                 |  |  |
| ORLANDO FL 32019            |   | ORLA             | ORLANDO FL 32819           |               |          |                 | DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  |  |
|                             |   |                  |                            |               |          |                 |  |  |
|                             |   |                  |                            |               |          |                 | 06/23/1997   |  |
| 2. Principal Pl             | ace of Business                                 | 2s. Mail         | ling Address               |               |          |                 | 4. FERSumber 1 - 2 - 2 - Applied For   |  |
| 21                          |   |                  | 26                         |               |          |                 | Not Applicable   |  |
| Suite, Apt                  | # etc   |                  | Suite, Apt. #, etc.        |               |          |                 | - CR 75 Additional   |  |
| 22                          |   |                  | 27                         |               |          |                 | 5. Certificate of Status Desired Fee Required  |  |
| City & State                |   |                  | City & State               |               |          |                 | Election Campaign Financing \$5.00 May Be  |  |
| 23                          |   | <br>             | 28                         |               |          |                 | Trust Fund Contribution Added to Fees  |  |
| Zip                         | Country   | Zip              |                            | Country       |          |                 | This corporation owes or has paid the current year Intangible  |  |
| 24                          | 25  | 29               |                            | 30            | •        |                 | Personal Property Tax due June 30. Yes No  |  |
|                             | 9. Name and Address of Curre                    |                  | d Agent                    | 7001          |          |                 | 10. Name and Address of New Registered Agent   |  |
| LIC                         | ISTAND, BRENDA L                                |                  |                            | 8             | 1        | Name            |  |  |
| 8631 CRESTGATE CIRCLE       |   |                  |                            |               |          |                 |  |  |
|                             | NLANDO FL 32819                                 |                  | В                          |               |          | Street A        | ddress (P.O. Box Number is Not Acceptable)   |  |
| Ur                          | ILANDO PL 32019                                 |                  |                            | 8             | 3        |                 |  |  |
|                             |   |                  |                            | ١             | 1        |                 |  |  |
|                             |   |                  |                            | 8             | 4        | City            | FL 85 Zip Code   |  |
| dd Direction                | o the service of Continue COZ DE                | 00 and 007 44    | DO Florida Chat.           | uton the ebo  |          | named a         | orporation submits this statement for the purpose of changing its registered   |  |
| office or re                | o <b>gister</b> ed agent, or both, in the Stat  | e of Florida. Si | uch change was:            | authorized l  | by '     | the corpo       | orboration's board of directors. Thereby accept the appointment as registered  |  |
| agent. I ar                 | n <b>ifamili</b> ar with, and accept the obti   | gations of, Sec  | olion 607. <b>0505,</b> Fl | Iorida Statut | es.      |                 |  |  |
| SIGNATURE                   |   |                  |                            |               |          |                 |  |  |
| <del></del> _               | Signature typed or printed name of registured a |                  |                            |               | geri     | it signature re | equired when reinstating) DATE   |  |
| 12.                         | DPST OFFICERS AN                                | ND DIRECTOR      | DELETE                     | 13.           |          |                 | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  |  |
| TITLE                       |   |                  |                            | 1.1 TITLE     |          |                 | Ci civille Ci voquion  |  |
| NAME                        | HEISTAND, BRENDA L                              |                  |                            | 1.2 NAM       |          |                 |  |  |
| STREET ADDRESS              | 8631 CRESTGATE CIRCLE                           |                  |                            | 1             |          | ADDRESS         | ,  |  |
| CITY-ST-ZIP                 | ORLANDO FL 32819                                |                  | DELETE                     | 1.4 CITY      |          | - ZiP           |  |  |
| TITLE                       | DELETE  |                  |                            |               | 2.1 TALE |                 | ☐ Change ☐ Addition ↑  |  |
| NAME                        |   |                  |                            | 2.2 NAM       | E        |                 | -  |  |
| STREET ADDRESS              |   |                  |                            | 2.3 STRE      | ET A     | ADDRESS         |  |  |
| CITY-ST-ZIP                 |   |                  |                            | 2. 4 CITY     | '- ST    | I-ZIP           |  |  |
| TITLE                       |   |                  | ☐ DELETE                   | 3.1 TITLE     |          |                 | ☐ Change ☐ Addition  |  |
| NAME                        |   |                  |                            | 3.2 NAM       | Ē        |                 |  |  |
| STREET ADDRESS              |   |                  |                            | 3.3 STRE      | ET A     | ADDRESS         |  |  |
| CITY-ST-ZIP                 | _   |                  |                            | 3.4. CITY     | -SI      | I - ZIP         |  |  |
| TITLE                       |   |                  | DELETE                     | 4.1 TITLE     |          |                 | Change Addition  |  |
| NAME                        |   |                  |                            | 4. 2 NAM      | 1E       |                 |  |  |
| STREET ADDRESS              |   |                  |                            | 4.3 STRE      | ET A     | ADDRESS         |  |  |
| CITY-ST-ZIP                 |   |                  |                            | 4.4 CfTY      | -st-     | - Z(P           |  |  |
| TITLE                       |   |                  | DELETE                     | 5.1 TITLE     |          |                 | Change Addition  |  |
| NAME                        |   |                  |                            | 5.2 NAM       | Ė        |                 |  |  |
| STREET ADDRESS              |   |                  |                            | 5.3 STRE      |          | ADDRESS         |  |  |
| CITY-ST-ZIP                 |   |                  |                            | 5.4 CITY      |          |                 |  |  |
| TITLE                       |   |                  | DELETE                     | 6.1 TITLE     |          |                 | Change Addition  |  |
| NAME                        | •   |                  |                            | 6.2 NAM       |          |                 | _ · -  |  |
| STREET ADDRESS              |   |                  |                            |               |          | ADDRESS         |  |  |
|                             |   |                  |                            | 6.4 CITY      |          |                 |  |  |
| CITY-ST-ZIP                 | ertify that the information supplied            | with this filing | does not qualify           |               |          |                 | In Section 119.07(3)(i), Florida Statutes. I further certify that the information  |  |
| · ingreuy c                 | wait the information subblies                   | this rus mid     | accentict quanty           | ISI ING GAGO  | ·Mail    | OI STOLED       | The Court of the C |  |