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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name P97000068246 (2)

SOUTHERN CHARM INTERIORS, INC.

Principal Place of Business		Mailing Address			1 3001.000 IIA JARIS ISBES ERIS BRIS OBEST EDITO BITAL IBJID IIDIS BIRIS	E111 1881			
1702 SHERWOOD LAKES BLVD. LAKELAND FL 33809		1702 SHERWOOD LAKES BLVD. LAKELAND FL 33809			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/06/1997				
2. Principal Place of Business		2a. Mailing Address 26				ilied For Applicable			
Suite, Apt. #, etc. 22 City & State 23		Suite, Apt. #, etc.	100000000000000000000000000000000000000			\$8.75 Additional Fee Required			
		City & State			6, Election Campaign Financing \$5.00 N Trust Fund Contribution Added to				
Zip 24	Country 25	7ip 29	30 Co.	untry	B. This corporation owes of his baid the darkent year thia	ngible No			
g, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525					Name Street Address (P.O. Box Number is Not Acceptable)				
INL	LAINOOLL IL OZOU 1-2020			В3	33				
				84	St Zip Co	ode			

registered egistered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE	Signature, typed or treated name of registered agent and trie if applicable	(NOTE Ro	soliciared Anapil cignalura	required when reinstating)	DATE	
12.	OFFICERS AND DIRECTORS	HOTE RE	13.	ADDITIONS/CHANGES TO OFFICER		RS IN 12
TITLE	DEI DEI	I E T E	1.1 TITLE		☐ Change	Addition
NAME	JORGE, RODOLFO		1.2 NAME			
STREET ADDRESS	1702 SHERWOOD LAKES BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL 33809		1.4 CITY-ST-ZIP			
TITLE	☐ DEL	LFT E	2.1 1ITLE		☐ Change	Addition
NAME			2.2 NAME			
STREET ADDRESS		J	2.3 STRFET ADDRESS) >- ***y *****	<u>.</u>	ı
CITY-ST-ZIP			2. 4 CITY - S1 - ZIP	Ti .		
TITLE	□ DEL	FTE	3.1 TOTLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE	☐ DEC	LETE	4.1 TITLE		Change	Addition
NAME		1	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-2IP			4.4 CITY - ST - ZIP			
TITLE	☐ DEt	LETE	5.1 TITLE		Change	☐ Addition
NAME			. 5.2 NAME			
STREET ADDRESS		ŀ	5.3 STREET ADDRESS			
CITY-ST-ZIP			5 4 C11Y - ST - ZIP			
TITLE	DEL	LETE	6.1 TITLE	800002571	Change	Addition
NAME			6.2 NAME	06/24/98 01083		LNON
STREET ADDRESS			6.3 STREET ADDRESS	************************************	-71¢	JIA. P
CITY-ST-ZIP			6 4 CITY-ST-ZIP	करकारास्मा (स्ता		v

14. Thereby certify that the information supplied with this fitting 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 eath; that I am an officer or director of the corporation of the receiver of 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 granged, or on an all information with an address.

FILED

Jun 24 1998 8:00am

Secretary of State