## 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 # P97000072051 (0)

INTERIOR INNOVATIONS, INC.

Principal Place of Business

Mailing Address

## FILED Feb 20 1998 8:00am Secretary of State



2457 S.W. 18TH COURT OKEECHOBEE FL 34974		2457 S.W. 18TH COURT OKEECHOBEE FL 34974			
				DO NOT WRITE IN THIS	SPACE
				<ol> <li>Date incorporated or Qualified</li> <li>08/18/1997</li> </ol>	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 765 N.E. 2 AVENUE		26 P. O. BOX 1537		65-0775995	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		S. Continuate of States Seemed	Fee Required
City & State  OKEECHOBEE, FL		City & State OKEECHOBEE, FL		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 34972	Country 25 OKEECHOBEE	Zip 29 34973-1537 3	Country OKEECHOB	8. This corporation owes or has paid the cur Personal Property Tax due June 30.	rrent year Intangible X Yes  No
·	9. Name and Address of Current	Registered Agent	stered Agent 10. Name and Address of New Registered Agent  81 Name		Agent
TUT	ren, mary ann				
2457 S.W. 18TH COURT OKEECHOBEE FL 34974			82 Street	Address (P.O. Box Number is Not Acceptable)	
ONCEONOBCE PL 34974			83		
			24 0		Tag1 90 0000
			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					
OIGHATORE ,	Signature, typed or printed name of registered agent		Registered Agent signature		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	TITTEL MADY AND	L_] DELETE	1.1 TITLE	DPST	Change Addition
NAME	TUTEN, MARY ANN 2457 S.W. 18TH COURT		1.2 NAME	MARY ANN TUTEN	
STREET ADDRESS	OKEECHOBEE FL 34974		1.3 STREET ADDRESS	2457 S.W. 18 COURT	
CITY-ST-ZIP	UNEECHODEE PL 349/4	T project	1.4 CITY - ST - ZIP	OKEECHOBEE, FL 34974	Alexandra Alexandra
TITLE		☐ DELE <b>t</b> e	2.1 TITLE	DV	Change XX Addition
NAME			2.2 NAME	TUTEN, TROY THOMAS	
STREET ADDRESS			2.3 STREET ADDRESS	2457 S.W. 18 COURT	
CITY-ST-ZIP		DELETE	2. 4 CITY-ST-ZIP	OKEECHOBES, FL 34974	Change Addition
TITLE		₩ DECERE	3.1 TITLE	·	Custings C vancion
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<del></del>	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE NAME		C) otter	4. 2 NAME		C one igo C room on
STREET ADDRESS			4.3 STREET ADDRESS		
•					
CITY-ST-ZIP TITLE	<del></del>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME	•	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
i i			6.4 CITY-ST-ZIP		
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for		d in Section 119.07(3)(i), Florida Statutes, I further ce	artify 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 orth; 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.