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PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1, Corporation Name P97000075535 (9)

PRIDE INTERIOR WHOLESALE, INC.

FILED May 06 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3696 GEORGIA AVE. 3696 GEORGIA AVE. WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/29/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 3696 beorgia 65-0775012 21 SAme Not Applicable 26 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 28 Trust Fund Contribution Country Zip Country 8. This corporation owes or has paid the current year Intangible 9, Name and Address of Current Registered Agent X Yes 30 Personal Property Tax due June 30. ΠNo 10. Name and Address of New Registered Agent THOMAS, JOHN C 81 Name 272 MALIBU CIRCLE 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33413 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.050? 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, typed or prodect name of registered agent and trie if applicable (NOTF Hegistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE President 1.1 TITLE Change ___ Addition NAME 1.2 NAME John c Thomas STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition | TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CfTY - ST - ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CHTY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 13 if changed, o or an attachment with an address.

4-27-98