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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700093227

1. Corporation Name

SYFERT INTERIORS, INC.

Principal Place of Business

Mailing Address

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90132 023 ***158.75



18453 NE 24 A									
NORTH MIAMI BEACH FL 33160 NORTH MIAMI BEACH FL 33160 US					DO NOT WR	ITE IN THIS	SPACE		
00					3. Date Incorporated or Qualifed	1			
•					10/30/1997				
2. Principal Place of Business 21 122/2 Ham Liny Blud 26 122/2 Hamlin Blud					4. FEI Number		Ap	plied For	
21 12212 HAMLIN Blud 26 12212 HAMLI					65-0792875			t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A		
22 27							Fee Re	<u> </u>	
City & State	2 A Q. 001	City & State	306	77	-6 Election Campaign Financing	'	~-\$5:00 - Added t	May Be ~~	
23 W, TALM DEACH TC 28 W. TALM DUY Zip County Zip Cou					Trust Fund Contribution			U Fees	
24 33 4	412 75 DAIN	7 PM 29 33412 30	7	nn i	8. This corporation owes the cur Personal Property Tax.	rent year inte		□No	
24 057	9. Name and Address	of Current Registered Agent		, -,, ,,	10. Name and Address of New	Registered /	Agent		
			81	Name					
SYFERT, LLOYD				Stroot A	ddress (P.O. Box Number is Not Accep	table)			
6381 COTTON TAIL ROAD MIAMI LAKES FL 33014				82 Street Address (P.O. Box Number is Not Acceptable)					
			84	City			85 Zip (Code	
				1	Alian de la companya	FL	obonging its	ragistared	
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									
	Signature, typed or printed name of re			it signature req	puired when reinstating) ADDITIONS/CHANGES TO O	DATE	D DIDECTO	DS IN 12	
12.	• • •	ICERS AND DIRECTORS	13.	—г	ADDITIONS/CHANGES TO O	-FICERS AN	Change	Addition	
TITLE	P CVECOT H	DELETE	1.2 NAME				_,3-		
NAME	SYFERT, H 18453 NE 24 AVE			T ADDRESS					
STREET ADDRESS	NMB FL 33160		1.4 CITY-S	[
CITY-ST-ZIP TITLE	14MD FL 33100	☐ DELETE	2.1 TITLE	1-ZIF			Change	☐ Addition	
NAME			2.2 NAME						
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP			2. 4 CITY-						
TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP			3.4. CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME			4, 2 NAME						
STREET ADDRESS			4.3 STREE	TADDRESS					
CITY-ST-ZIP			4.4 CITY-5	iT-ZIP					
TITLE		☐ DELETE	5.1 TITLE				[] Change	Addition (
NAME			5.2 NAME						
STREET ADDRESS				T ADDRESS					
CITY-ST-ZIP			5.4 CITY- S	T-ZIP				— • • • • • • • • • • • • • • • • • • •	
TITLE		☐ DELETÉ	6.1 TITLE				[] Change	☐ Addition	
NAME			6.2 NAME	1					

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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like propowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS