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

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 4

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # P97000096551 (1)

LORRAINE CARLONE INTERIORS, INC.

## **FILED** Mar 16 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						I HODAIODA ELO 18541 (DONT DONT BOUT BOUT DONT DONT IN	HAN DALDI HIIRT DI	LINE SEDE FORDE
9017 PINE RIDGE ROAD #180 6017 PINE RIDGE ROAD #1 NAPLES FL 34119 NAPLES FL 34119			180			DO NOT WRITE IN THIS	SPACE	
	•					3. Date Incorporated or Qualified 11/12/1997		
2, Principal Pl	2a, Mailing Address		n	$\overline{1}$	4. FEI Number (0.5 (	- I A	pplied For	
21 7/20-	45 ST. N.C.	28 6017 Pinel	of dy	e K	d	59-3488437		lot Applicable
Suite, Apt.		Suite, Apt. #, etc.	0			5. Certificate of Status Desired		Additional lequired
City & State	105, 10	28 NAPHO	PL			6. Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
24 ZIP 241	20 Country P	29 3419	Cour	"US	ρ	<ol> <li>This corporation owes or has paid the corporation owes or has paid the corporation.</li> <li>Personal Property Tax due June 30.</li> </ol>	· ·	itangible No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered	Agent	
CORPORATION SERVICE COMPANY					ne			
1201 HAYS STREET					et Addre	dress (P.O. Box Number is Not Acceptable)		
TAL	LAHASSEE FL 32301-2525		ļ.	B3				
			L	04 04		<u> </u>	Las Las	0-1-
			- 1	B4 City		FI	L	Code
11. Pursuant t	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes of Florida, Such change was au	the ab	ove-nam	ed corpo	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing i	its registered
agent. I ar	n familia with, and accept the obliga	itions of, Section 607.0505, Flori	ida Statu	ites.	o.poran		shi	)
SIGNATURE Signature, typed or printed manic of repostyred agent and title if applicable. (NOTE: Registered Agent a						ad when rejectating)	<u> </u>	
12.	OFFICERS AND	·	13.	Ago II oigilia	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 7176	E	$\top$		Change	Addition
NAME	CARLONE, LORRAINE		1.2 NA	AE.				1
STREET ADDRESS	6017 PINE RIDGE ROAD #180	)	1.3 STR	EET ADDRES	s			
CITY-ST-ZIP	NAPLES FL 34119			Y-ST-ZIP				
TITLE		☐ DELETE	1				Change	Addition
NAME			2.2 NA			4 3-		
STREET ADDRESS				EET ADDRES	s	•		
CITY-ST-ZIP TITLE		DELETE	2. 4 CIT 3.1 TITL	Y-ST-ZIP	<del> -</del>	<del></del>	Change	Addition
NAME		☐ <i>0</i>	3.2 NAM				LLI Onango	
STREET ADDRESS			1	eet addres				
CITY-ST-ZIP				Y-ST-ZIP	١,			ļ
TITLE		DELETE	4.1 TITL		1-		Change	☐ Addition
NAME		-	4. 2 NA	ME	1		•	
STREET ADDRESS				EET ADDRES	s			
CITY-ST-ZIP				/- \$T- ZIP	١			1
TITLE		DELETE	5.1 TITL		1		Change	Addition
NAME			5.2 NAA	1E				,
STREET ADDRESS			5.3 STR	eet addres	s			
CITY-ST-ZIP			5.4 CITY	/-ST-ZIP				
TITLE		DELETE	6.1 TITL	E			Change	Addition
NAME			6.2 NAN	18				
STREET ADDRESS			6.3 STR	eet addres	s			
CITY-ST-ZIP			6.4 CfTY	/-ST-ZIP	İ	_		
	ertify that the information supplied wit	th this filing does not qualify for			ated in S	Section 119.07(3)(i), Florida Statutes, I further of	ertify 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 it changed, or on an attachment with an address.