SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT 1998 -



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

## P97000098943 (8)

SUSAN OKUN INTERIORS, INC.

Principal Place of Business

Mailing Address

16303 MARADAS DE AVILA **TAMPA FL 33613** 

16303 MARADAS DE AVILA **TAMPA FL 33613** 

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**FILED** 

Sep 09 1998 8:00am

Secretary of State

2. Principal Place of Business   2. Bundling Address   3. Elevitor   3. Populated For					11/20/1997
Solido, Apl. #, etc.  27  City & State  City & State  Country  28  29  Country  20  20  Country					4. FEI Number Applied For
City & State    City & State   City	21/6303	Moradas de Avila	26 500	<u> </u>	
City & State   City &	Suite, Apl.	#, etc.			A Contingate of Status Desired
23   20   20   20   20   20   20   20		te	City & State	···	6. Election Campaign Financing \$5.00 May Be
24	23		28		
9. Name and Address of Current Registered Agent  OKUN, SUSAN 1830 MARADAS DE AVILA TAMPA FL 33613  82 System Address (P.O., Box Number is Not Acceptable)  11. Pursuant to the provisions of sections 607,0502 and 607,1506. Fortide Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607,0505. Findia Statutes, the above-named corporation's board of directors. I hereby accept the spontiment as registered segment at minimum with, and accept the obligations of, section 607,0505. Findia Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  DELETE  11111E  12 OFFICERS AND DIRECTORS  13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12  TILE  11111E  12 NAME  12 SINGET ADDRESS  CITYST2P  11111E  12 PARKET ADDRESS  CITYST2P  11111E  12 PARKET ADDRESS  CITYST2P  1111E  12 PARKET ADDRESS  STREET ADDRESS	Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intengible
OKUN, SUSAN 18303 MARADAS DE AVILA TAMPA FL 33613  82 Signet Address (P.O., Box Number is Not Apoptibable) 16 30 3 Moradas de Avida  83 B4 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 edifice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered edifice or registered agent, and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS 1 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. CITYST2IP  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  16. CITYST2IP  16. DELETE  17. TILE  18. SIRRET ADDRESS  16. CITYST2IP  17. Change  18. Addition  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  19. ADDITIONS	24	25	29	30	Personal Property Tax due June 30. Yes No
UKUN, SUSAN 1830 MARADAS DE AVILA TAMPA FL 33613  82 Signet Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the previsions of sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or membrise with an accept the obligations of section 607.0505, Florida Statutes.  SIGNATURE Signature, types or prized name of registered agent and steel application.  OFFICERS AND DIRECTORS  13. MOTE Registered Agent segentary required when remeating)  DATE  12. NAME 13. INSEET ADDRESS CITYST2P  13. TITLE 12. NAME 22. NAME 23. STREET ADDRESS CITYST2P  10. Change Addition  Addition  DELETE 33. TITLE 22. STREET ADDRESS CITYST2P  10. Change Addition  Addition  STREET ADDRESS CITYST2P  10. Change Addition  Addition  AMME AS STREET ADDRESS CITYST2P  10. Change Addition  Addition  AMME AS STREET ADDRESS CITYST2P  10. Change Addition  Addition  AMME AS STREET ADDRESS CITYST2P  10. Change Addition  Addition  Addition  AMME AS STREET ADDRESS CITYST2P  10. Change Addition  Addition  Addition  Addition  Addition  Addition  Addition  AMME AS STREET ADDRESS CITYST2P  10. Change Addition  Addition		9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Agent
11. Pursuant to the provisions of acctions 607.0502 and 607.1508. Floridal Statutes, the above-hamod corporation submits this statement for the purpose of hamiling its registered office or registered agent, or both, in the State of Florida. Such change was suthorized by the corporation's board of directors. Theirby accept the appointment as registered gene. It am familiar with, and accept the obligations of, section 607.6505, Floridal Statutes.  SIGNATURE  Supature. Types or printed name of registered agent and site if applicable. (INOTE Registered Apent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  12. NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  13. SIRRET ADDRESS  14. CITY-ST-ZIP  15. TITLE  15. TITLE  16. TITLE  17. TITLE  18. TITLE  18. TITLE  19. TATE TO THE CONTROL TO THE C	1630	03 MARADAS DE AVILA		82 Street A	
11. Pursuant to the provisions of sections 607 0502 and 607 4506. Florids Statutes, the above-named corporation submits the statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, section 607 0505, Florids Statutes.  SIGNATURE    Signature, typed or pirtud name of registered agent and site if applicable.				84 City	85 Zip Code
Signature, types or printed many or registered agent and this if applicable   (NOTE Registered Agent agenture required when retinating)   DATE	office or agent. I	registered agent, or both, in the State of	Florida. Such change was	authorized by the corpo	progration submits this statement for the purpose of changing its registered
TITLE		Signature, typed or printed name of registered agent a	nd title if applicable (N	OTE: Registered Agent signature	
NAME		· — · · · · · · · · · · · · · · · · · ·	DIRECTORS		
DELETE   DELETE   2.1 TITLE   Change   Addition	TITLE	-PARSICEWA-	DELETE	1.1 TITLE	President - Director Change X Addi
DELETE   DELETE   2.1 TITLE   Change   Addition	NAME			1.2 NAME	SUSAN OKUN
DELETE   DELETE   2.1 TITLE   Change   Addition	STREET ADDRESS			1.3 STREET ADDRESS	16703 MORADAS VE ANIIA
NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  31 TITLE  32 NAME  32 NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  34 CITY-ST-ZIP  TITLE  DELETE  41 TITLE  Change Addition  AMME  STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  41 TITLE  ADRESS  CITY-ST-ZIP  TITLE  ADRESS  CITY-ST-ZIP  TITLE  ADRESS  CITY-ST-ZIP  ADRESS  CITY-ST-ZIP  ADRESS  CITY-ST-ZIP  TITLE  DELETE  43 STREET ADDRESS  CITY-ST-ZIP  54 CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  54 CITY-ST-ZIP  TITLE  DELETE  53 STREET ADDRESS  CITY-ST-ZIP  TITLE  DELETE  54 CITY-ST-ZIP  TITLE  DELETE  61 TITLE  Change Addition  Addition  NAME  Change Addition  Addition  Addition  AMME  Change Addition  Addition  AMME  Change Addition  Addition	CITY-ST-ZIP			1.4 CITY-ST-ZIP	TAMAN, FG 936/3
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DELETE   DELETE   3.1	STREET ADDRESS			2.3 STREET ADDRESS	
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Street address   Stre	NAME			3.2 NAME	
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Addition	CITY-ST-ZIP			3.4 CITY-ST-ZIP	
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CITY_ST-ZIP         4.4 CITY_ST-ZIP           TITLE         DELETE         5.1 TITLE	NAME			4.2 NAME	
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\$3 STREET ADDRESS	TITLE		DELETE	5.1 TITLE	Change Addi
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TITLE         DELETE         61 TITLE         Change         Addition           NAME         62 NAME	STREET ADDRESS	}		5.3 STREET ADDRESS	
NAME 62 NAME	CITY-ST-ZIP			5.4 CITY-ST-ZIP	
NAME 62 NAME	TITLE		DELETE	61 TITLE	Change Addi
STREET ADDRESS 63 STREET ADDRESS	NAME			6.2 NAME	
	STREET ADDRESS			63 STREET ADDRESS	

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