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 # P98000001445

1. Corporation Name

INTERIOR TECHINQUES, INC.

Prin	cipal Place of	Business
1313	CHICHESTER	STREET

Mailing Address

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90016 015 ***150.00



85

1313 CHICHESTER STREET ORLANDO FL 32803-1115 ORLANDO FL 32803-1115 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/05/1998 2a. Mailing Address 4. FEI Numb Applied For 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State \$5,00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country Zip 8. This corporation owes the current year Intangible Zip **Z**No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name O'MALLEY, DEBORAH LYNN Street Address (P.O. Box Number is Not Acceptable) 82 1313 CHICHESTER STREET ORLANDO FL 32803-1115 83 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.

R4 City

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. OWNER P Change Addition DELETE 1,1 TITLE TITLE DEBORAH L. DIMALLEY 1.2 NAME NAME 1313 CHICHESTER ST 1.3 STREET ADDRESS STREET ADDRESS CRLANDO, EL 32803 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change *Addition DELETE TITLE 2.1 TITLE JOHN O'MALLEY 2.2 NAME NAME 1313 CHICHESTER ST 2.3 STREET ADDRESS STREET ADDRESS OLLANDO, EL 32803 CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Change - ☐ Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 4.1 TITLE TITLE 4, 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change [7] Addition DELETE 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition DELETE TITLE 6 2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIF

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 empowered.

SIGNATURE:

CR2E034 (1.1/98