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 # P98000017017

1. Corporation Name

C & N INTERIORS INC

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90193 019 ***150.00

	ATEMORO, INC.	_							
Principal Place	e of Business	Mailing Address				: 1881/841 114 14141 14111 44111 44	44141 8618 1 1	.e., (8811 8418)	***************************************
1808 OLD BRIA	AR TRAIL	1808 OLD BRIAR TRAIL							
TALLAHASSEE FL 32310 TALLAHASSEE FL 32310						DO NOT WRI	TE IN THIS	SPACE	
					\ <u></u>	3. Date Incorporated or Qualifed	12 114 11110	0,,,02	
					'	02/23/1998			
2. Principal Place of Business 2a. Mailing Address						I. FEI Number		I Ap	plied For
	> 1	26				5-9-34934	73	<u> </u>	t Applicable
21 4 / / Suite, Apt.	# etc 1) Hill 501 Ki	Suite, Apt. #, etc.						\$8.75	
22		27			5	5. Certifcate of Status Desired		Fee Re	I .
City & Stat	te	City & State				S. Election Campaign Financing		\$5.00	May Be
23 AL	RANY (7A	28				Trust Fund Contribution		Added t	
Zip	Country	Zip	Country	y	8	3. This corporation owes the curr	ent year Inta	angible	
24 3/7	07 25 Doughtry	29	30			Personal Property Tax.		□Yes	⊠No
	9. Name and Address of Current	Registered Agent			10	0. Name and Address of New I	Registered .	Agent	
_		 -	81	Name					
	RTER, DONNA P		82	Street	Address	(P.O. Box Number is Not Accepta	able)		
1808 OLD BRIAR TRAIL				Street Address (F.O. Box Malriber is Not Accep-					
i ~ tali	LAHASSEE FL 32310		83	3	:				
			84	City				85 Zip (- ode
T.J.	•		04	City			FL	103 2.0	
Affice or r	to the provisions of Sections 607.0502 registered agent, or both, in the State o am familiar with, and accept the obligation	f Florida. Such change was a ons of, Section 607.0505, Flo	uthonzed by	the corpos.	oration's i	board of directors. I nereby acce	pt the appoin	ntment as re	gistered
12.	Signature, typed or printed name of registered agent OFFICERS AND	<u> </u>	13.	ont signature in	adayaa waa	ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	OF TOURS ARE		1.1 TT/LE		43	·		☐ Change	Addition
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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: