

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 # P98000048935

1. Corporation Name  
MAIN STREET INTERIORS, INC.

Principal Place of Business  
552 NW LAKEVIEW DR  
SEBRING FL 33870

Mailing Address  
552 NW LAKEVIEW DR  
SEBRING FL 33870

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90140 018 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
05/29/1998

4. FEI Number  
59-3518619

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business  
21 3101 S.E. 5th Ct.

2a. Mailing Address  
26 3101 S.E. 5th Ct.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State  
CAPE CORAL FL

28 City & State  
CAPE CORAL FL

24 Zip  
33904

29 Zip  
33904

9. Name and Address of Current Registered Agent  
SAZY, DAVID J  
552 NW LAKEVIEW DR  
SEBRING FL 33870

81 Name  
SAZY DAVID J

82 Street Address (P.O. Box Number is Not Acceptable)  
3101 S.E. 5th Ct

83

84 City  
CAPE CORAL FL

85 Zip Code  
33904

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
D  
NAME  
SAZY, DAVID J  
STREET ADDRESS  
552 NW LAKEVIEW DR  
CITY-ST-ZIP  
SEBRING FL 33870

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
D  
1.2 NAME  
SAZY DAVID J  
1.3 STREET ADDRESS  
3101 S.E. 5th Ct  
1.4 CITY-ST-ZIP  
CAPE CORAL FL 33904

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
SAZY DAVID J

4/16/99 941 5739221

CR2E034 (11/98)