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 # P98000057971

1. Corporation Name

PROFESSIONAL INTERIOR SYSTEMS, INC.

Principal Place of Business

Mailing Address

2355 DORDEN DRIVE MELBOURNE FL 32935 2355 DORDEN DRIVE MELBOURNE FL 32935

FILED Jun 09, 1999 8:00 am Secretary of State

06-09-1999 90031 009 ***150.00



DO NOT WRITE IN THIS SPACE

							3. E	Date Incorpora	ted or Qualifed	j			
-			•				(06/30/1998					
2. Principal Pl	lace of Business		g Address					El Number			Ap	plied For	
21 235	5 Dordon Dr	26 <i>233</i>	3 Dordo	n L) ~		5	9-35	2000	7	No	t Applicable	
Suite, Apt.			Suite, Apt. #, etc.				F (Certifcate of St	atue Desired		\$8.75	1	
22		27					3. 0		atus Desireu		Fee Re	quired	
City & State City & State								Election Campa	aign Financing	П	\$5.00	May Be	
23	28						T	rust Fund Cor	ntribution		Added t	o Fees	
Zip	CountryZipCoun						8. T	This corporatio	n owes the cui	rrent year int	angible		
24 25 29 30							Personal Property Tax.				Yes	½ \$No	
Name and Address of Current Registered Agent							10. 1	Name and Ad	dress of New	Registered	Agent		
						lame	<i>L</i>	17	1.2.	m		1	
HAUCK, TRACY						82 Street Address (P.O. Box Number is Not Acceptable)							
525 EAST STRAWBRIDGE AVENUE SUITE 5						285	J Do	don	0-				
MELBOURNE FL 32901													
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				Į,	84 C	ity	= 160 m			FL	85 Zip (-2°5°	
11. Pursuant	to the provisions of Sections 607.050	2 and 607.150	8. Florida Statutes.	the ab	L ove-na	amed co	propration s	submits this st	atement for the	e purpose of	changing its	registered	
office or n	egistered agent, or both, in the State in familiar with, and accept the obligation	of Florida, Suc	h change was auth	norizea	nv ine	corpora	ation's boa	rd of directors	. I hereby acce	ept the appoi	ntment as re	gistered	
	m tamiliar with, and accept the obligation					1.1.	724			1.10	-		
SIGNATURE	atignature, typed or printee hame of registered agen	and title if applicab	Steven L.	gistered	gent sig	nature regi	ulred when rein	nstating)		/21/99			
12.	OFFICERS AN			13.				DITIONS/CH	ANGES TO O	FFICERS AN	ID DIRECTO	RS IN 12	
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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: