## 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 # P98000101666

TOU SHEA INTERIORS, INC.

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90088 027 \*\*\*150.00



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Principal Place of Business Mailing Address				"-			f 10051000 til 10101 1011			
596 LAS FLORES DR.		6596 LAS 1	6596 LAS FLORES DR.							
SOCA RATON FL 33433		BOCA RAT	BOCA RATON FL 33433				DO NOT WRITE IN THIS SPACE			
						3 Da	te Incorporated or C		1110 01 702	
							30/1998	au		ļ
2. Principal Pla	ace of Business	2a. Maitir	ng Address				I Number	<del>.</del>		Applied For
21	. 24	26			-	- 6	5-0892	324-	📑	Not Applicable
Suite, Apt. #	, etc.		, Apt. #, etc.					esired 🗆	\$8.7	5 Additional
22		27				5. Ce	rtifcate of Status De	estred	Fee	Required
City & State		City	& State			6. Ele	ection Campaign Fir	nancing	\$5.0	00 May Be
23		28				Tru	st Fund Contribution	<u>л</u>	Add	ed to Fees
Zip	Country	Zip	1	Country	<i>t</i>	<b>I</b>	is corporation owes			DE No
24	25	29		30			rsonal Property Tax		Yes	LETNO
	9. Name and Address of Curre	nt Registered	Agent	81	Name	10. Na	me and Address o	of New Regist	tered Agent	
CDEAG	E, SHERRY L			"	Name					
	AS FLORES DRIVE			82	Street	Address (P.O.	Box Number is Not	Acceptable)	<b></b>	
	RATON FL 33433			83	<del>                                     </del>					
BOOK	14101112 30100			63	<u>'</u> ].				_	
				84	City				FL 85 Z	tip Code
	o the provisions of Sections 607.05	02 and 607 150	19 Florido Statut	oc the abov	e-named	Learneration su	hmits this statemen	t for the nume	se of changing	its registered
office or re	gistered agent, or both, in the State	e of Florida. Su	ch change was a	uthorized by	the corp	oration's board	of directors. I here	by accept the	appointment as	s registered
agent. I an	familiar with, and accept the oblig	gations of, Section	on 607.0505, Flo	rida Statute:	5.		,			
SIGNATURE	Name of maintained at	and title if spoling	No ANOTE:	Penistered Ane	nt signature	required when reinst:	ation)	D/	ITE.	
<u>_</u>	Signature, typed or printed name of registered ag			Registered Age	nt signature	required when reinsta	ating) DITIONS/CHANGES		<del></del>	TORS 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.