FILED May 16, 2000 8:00 am Secretary of State

03-17-2000 90018 016 ***150.00

DOCUMENT # P99000047807

1. Entity Name

CHELSEA INTERIORS AND DESIGN, INC.

Principal Place of Business

Mailing Address

micipal Flace			Maining Address									
12 DEL PRADO APE CORAL FL	BLVD STE 103 . 33904		3512 DEL PRADO BLVD ST CAPE CORAL FL 33904-726									
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Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.									
							DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. F	El Number	يدا 93	ì			olied For Applicable
Zip	Country		Zip	Coun	try	5. C	Certificate of S				. 75 Addi Required	
	6. Name and Addr	as of Current Rec	gistered Agent			7. N	lame and Add	Iress of New I	Registere	d Ager	nt	
			4		Name	-	-					
3512	', PATRICIA L DEL PRADO BLVD	STE 103			Street Add	ress (P.O. Bo	ox Number is	Not Acceptabl	e)			
CAPE CORAL FL 33904					Cibi					Т	Zip Code	
					City				۲	L	Zip Code	<u> </u>
Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of S			reaction when re	einstating)		DATI	Ē.			
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indicated on this report or supplied will this limit does not quality in the exemption stated in Section 1.9.07(5)(f). Finding statutes. Finding certify indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all conditions in the receiver of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all conditions of the corporation of the corporation of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all conditions of the corporation of the corporation

SIGNATURE: