| | MENT # P990000 | R) | FILED | | | | | | |
|--|---|---|---|--|---|-----------|---------------------|---------------------------|--------------------|
| 1. Entity Name ELEGANZA ARCHITECTURAL INTERIORS, INC. | | | | , | Jul 21, 2000 8:00 am Secretary of State | | | | |
| Principal Plac 1015 SE FORT OCALA FL 344 | KING ST. | Mailing Address 1015 SE FORT KING ST. OCALA FL 34471-2315 | | | | | | | |
| Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. | Table 1 1 1 1 1 1 1 1 1 1 | | | plied For t Applicable |] |
| Zip | Country 6. Name and Address of Current R | Zip | Country | 5. | Certificate of Status Desired | LJ Fe | 8.75 Add | | 1 |
| YORK, TINA 1015 SE FORT KING ST. OCALA FL 34471 | | | Street A | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| 9. This corporate filing r | named entity submits this statement for Signature, typed or primed name of registered agent an pration is eligible to satisfy its Intangible equirement and elects to do so, ria on back) | d title if applicable. (NOTE: | Registered Agent signed. ! FEE IS \$150.0 ! Fee will be \$5 | ure required when re | | DATE | | O May Be to Fees | |
| 11. TITLE NAME STREET ADDRESS GITY-ST-ZIP | OFFICERS AND D VORK, TINA 1015 SE FORT KING ST. OCALA FL 34471 | | 12. TITLE NAME STREET ADORESS CITY-ST-ZIP | AC | DOTTIONS/CHANGES TO OFFICE | | OIRECTORS Change | S IN 11 | (1 40/6) 7t 1 16 E |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ALBRECHT, PAT 1015 SE FORT KING ST. OCALA FL 34471 | ⊠ Delete | TITLE NAME STREET ADORESS CITY-ST-ZIP | | | | Change | Addition | |
| NAME STREET ADDRESS -CITY-ST-7IP- | | - Delate | NAME STREET ADDRESS CITY-ST-ZIP | , | | <u></u> . | Change | C_Addition | |
| NAME STREET ADDRESS CITY-ST-ZIP | , | □ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | , | Î | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | [| Change | ☐ Addition | |
| TITLE NAME | | C. Oelete | TITLE NAME | - - | | .[| Change | ☐ Addition | |

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the Information indicated on this report or suppliemental 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 records for trustee ampowered 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 as appears in Block 11 or Block 12 if ALASTASIA.

SIGNATURE:

| Chapter 607 | Signature | Chapter 607 | Signa

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Doc# 199000079481 308564

July 13, 2000

Eleganza Architectural Interiors, Inc. 1015 SE Fort King St Ocala, FL 34474

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

This letter is written in response to the attached letter regarding my corporation, Eleganza Architectural Interiors, Inc., P99000079481. The attached letter indicates that my annual report has not been filed. I initially received the report, filed it out, signed it and believed that my attorney had handled it. Then in mid June, I discovered that it had not been filed. I immediately forwarded the annual report and the required payment to the Department of State. It was filed late only because of a misunderstanding between my attorney and myself.

I respectfully request a waiver of the penalty for the late filing and ask the Department of State to file my previously filed return.

Sincerely,

Tina Anastasia

ram Orastasia

President