


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 # S062541		
1. Corporation Name INTERIOR MOTIVES CUSTOM FURNITURE, INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 29 PM 1:10

Principal Place of Business 7681 1ST TERRACE LAKE WORTH, FL 33463	Mailing Address 1067 VALLEY FORGE RD. DUNCANSVILLE, PA. 16835
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/16/90	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number N/A		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	Country		8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30	9. Name and Address of Current Registered Agent SAMANTHA J. TARR 7681 1ST TERRACE LAKE WORTH, FL. 33463	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	FL 85 Zip Code

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DIRECTOR, PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAMANTHA J. TARR			1.2 NAME			
STREET ADDRESS	7681 1ST TERRACE			1.3 STREET ADDRESS	300002953213--9		
CITY-ST-ZIP	LAKE WORTH, FL. 33463			1.4 CITY-ST-ZIP	-08/06/99--01087--019		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	****158.75 ****158.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

Samantha J. Tarr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/99

888-588-8494

CR2E034 (11/98)

July 19, 1999

Florida Department of State

To whom it may concern;

Thank you for sending the blank annual report for corporations. I had initially returned this back in March, but when I did not receive notification back, I requested the blank form to be refile. It took several requests, but we finally got it. Please accept our hand written application (I did not think to make a copy of the one I mailed to you previously) and our check for the original amount as this is what I was told to do by your office. Should there be any problems, please call me A.S.A.P.
@

Interior Motives

Samantha Tarn

888-588-8494

Thank you again in advance for your help.

Sincerest Regards,

Samantha Tarn