

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S16660** (0)

1. Corporation Name

PAMELA TEMPLES INTERIORS, INC.



Principal Place of Business

Mailing Address

**3300 S. HIAWASSEE RD
SUITE 101
ORLANDO FL 32835**

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SUITE 101
ORLANDO FL 32835**

3. Date Incorporated or Qualified

11/28/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **7632 Ashley Park Court**

26

Suite, Apt. #, etc.

22 **SUITE 306**

27

City & State

23 **ORLANDO, FL**

28

Zip

24 **32835**

Country

25 **USA**

29

Zip

24 **32835**

Country

25 **USA**

29

Zip

24 **32835**

Country

25 **USA**

29

Zip

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CLARK, RONALD L.
4740 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33803**

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, if applicable:

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MCMULLEN, PAMELA R	
STREET ADDRESS	9154 GREAT HERON CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCMULLEN, EDWIN H SR	
STREET ADDRESS	9154 GREAT HERON CIR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AMIS, LORI	
STREET ADDRESS	5080 EASTWINDS DR	
CITY-ST-ZIP	ORLANDO FL	
TITLE	CS	<input checked="" type="checkbox"/> DELETE
NAME	CROUCH, LEE A.	
STREET ADDRESS	2822 BAYSHORE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CS & P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MCMULLEN, PAMELA R	
1.3 STREET ADDRESS	9154 GREAT HERON CIR	
1.4 CITY-ST-ZIP	ORLANDO FL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96

Date

Daytime Phone

CR2E034 (12/95)