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Feb 12 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # S28465 (0)

1. Corporation Name

INTERNATIONAL OFFICE AND RESIDENTIAL INTERIORS,  
INC.

Principal Place of Business

12367 ROCKLEDGE CIRCLE  
MISTIC COVE. BOCA FALLS  
BOCA RATON FL 33428

Mailing Address

12367 ROCKLEDGE CIRCLE  
MISTIC COVE. BOCA FALLS  
BOCA RATON FL 33428-4813



3. Date Incorporated or Qualified

01/30/1991

3a. Date of Last Report

09/24/1996

2. Principal Place of Business

2a. Mailing Address

21 2255 GLADES RD.

26 21346 ST. ANDREWS BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 324 - Atrium

27 260-138

City & State

City & State

23 BOCA RATON, FLA.

28 BOCA RATON FLA.

Zip

Country

Zip

Country

24 33431

25 PALM BEACH

29 33433

30

9. Name and Address of Current Registered Agent

KNIGHT, SUSANNA  
21346 ST. ANDREWS BLVD.  
#260-138  
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name

SUSANNA Knight

82 Street Address (P.O. Box Number is Not Acceptable)

12367 Rockledge Circle

83

Mistic Cove

84

BOCA RATON

FL

85 Zip Code

33428

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

TITLE P  
NAME KNIGHT, SUSANNA  
STREET ADDRESS 12367 ROCKLEDGE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33428

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-97 561-995-0489

CR2E034 (9/96)