## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$32043

(9)

DAWN PASQUALONE INTERIORS, INC.

## FILED Apr 24 1997 8:00am Secretary of State



Principal Place	of Duals and	Mailing A	ddroop				<u>-</u>				
		Ü	Mailing Address 1567 HIGHLAND AVENUE								
940 CLEARWATER-LARGO RD SUITE 104		SUITE 250	SUITE 256								
LARGO FL 34840		CLEARWA US	CLEARWATER FL 34616-2386 US				3. Date Incorporated or Qualified 02/15/1991	3a. Date of Last Report 04/26/1996			
2. Principal Pl	ace of Business	2a. Mailm	2a. Mailing Address				4. FEI Number	Applied For			
21		26	26				59-3052230	Not Applicable			
Suite, Apt. (	, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
22		27								Required	
City & State		F-n '	City & State				6. Election Campaign Financing	\$5.00 May Be			
Zip	Country	28   Zip	Zip Count				Trust Fund Contribution  8. This corporation has liability for in				
24	25	29		30	,			Yes 🔲		3. 155.65E,	
	9. Name and Address of Current Registered Agent			11	10. Name and Address of New Registered A			ent			
PAS	QUALONE, DAWN				81	Name					
	HIGHLAND AVENUE					Street Add	dress (P.O. Box Number is Not Acceptable	e)			
SUIT	E <b>2</b> 56					00011111		·,			
CLE	ARWATER FL 34616				83						
					84	City			<b>85</b> Zip	Code	
						_					
11. Pursuant t	o the provisions of Sections 607.0503	2 and 607.150 of Florida, Suc	8, Florida Statul en change was :	les, the a authorize	ibove ed by	e-named cor the corpora	rporation submits this statement for the pration's board of directors. I hereby accep	urpose of c t the appoi	hanging ntment a	its registered   s registered	
agent. I ar	n familiar with, and accept the obliga	tions of, Sect	on 607.05 <b>0</b> 5, FI	orida Sta	tutes	3.	,				
SIGNATURE .								DATE			
12,	Signature, typed or printed name of repistered age OFFICERS ANI		tre (NO	13.	:0 Age	int signature requ	uired when reinstating)  ADDITIONS/CHANGES TO OFFIC		IRECTO	RS IN 12	
TITLE	DPV	777712 010110	DELETE	1,1 7	ITLE		NOOTHORIO, OTHER TO SELECT		Change		
NAME	PASQUALONE, DAWN			1.2 N	IAMŁ						
STREET ADDRESS	1567 HIGHLAND AVE., #256			1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL			1.4 0	HY-S	T - ZIP					
TITLE	TSC		DELETE	2.1 T	TILE				Change	☐ Addition	
NAME	PASQUALONE, DAWN		-	2.2 N	AME		•				
STREET ADORESS	1567 HIGHLAND AVE., #258			235	IREE 1	ADDRESS					
CITY-ST-ZIP	CLEARWATER FL		T no see			SI - ZIP			1		
TITLE	M DAGOUALONE DAMA		☐ DELETE	311				L	] Change	Addition	
NAME	PASQUALONE, DAWN			3.2 N							
STREET ADDRESS	1567 HIGHLAND AVE., #256 CLEARWATER FL					ADDRESS					
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NAME			_ Sett IL		NAME			L	_ o.,u.igo		
STREET ADDRESS						ADDRESS				ŀ	
					HTY-S	i					
CITY-ST-ZIP TITLE			DELETE	5.11					Change	Addition	
NAME				5.2 N		Ì			·		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP					)11Y - S						
TITLE	<u> </u>		DELETE	6.11				L	Change	Addition	
NAME				6.2 N	IAME						
STREET ADDRESS				6.3 5	STREET	ADDRESS					
CITY-ST-ZIP					HTY-S						
14, I do hereb	by certify that the information supplied	d with this filing	does not qual	ify for the	exe	mption state	ed in Section 119.07(3)(i), Florida Statutes	s. I further o	ertify tha	at the	

I do nereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(I). Florida Statutes. Further certify hat 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) changed, or on an attackment with an address.

4/15/97 /812/826417