


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

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Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90024 028 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S32043

1. Corporation Name
DAWN PASQUALONE INTERIORS, INC.

Principal Place of Business 940 CLEARWATER LARGO RD SUITE 104 LARGO FL 34640	Mailing Address 1543 HIGHLAND AVENUE SUITE 256 CLEARWATER FL 33756 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1543 HIGHLAND AVE. S. Suite, Apt. #, etc. SUITE 256 22 CLEARWATER, FL City & State 23 33756 US Zip Country 24 25	2a. Mailing Address 26 1543 HIGHLAND AVE. S. Suite, Apt. #, etc. SUITE 256 27 CLEARWATER, FL City & State 28 33756 US Zip Country 29 30
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3. Date Incorporated or Qualified 02/15/1991	4. FEI Number 59-3052230	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent PASQUALONE, DAWN 1567 HIGHLAND AVENUE SUITE 256 CLEARWATER FL 34616

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 1543 HIGHLAND AVE. S., # 83 SUITE 256 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPV PASQUALONE, DAWN	1.1 TITLE	Change Addition
NAME	PASQUALONE, DAWN	1.2 NAME	
STREET ADDRESS	1567 HIGHLAND AVE., #256	1.3 STREET ADDRESS	1543 HIGHLAND AVE. S., #256
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP	
TITLE	TSC PASQUALONE, DAWN	2.1 TITLE	Change Addition
NAME	PASQUALONE, DAWN	2.2 NAME	
STREET ADDRESS	1567 HIGHLAND AVE., #256	2.3 STREET ADDRESS	1543 HIGHLAND AVE. S., #256
CITY-ST-ZIP	CLEARWATER FL	2.4 CITY-ST-ZIP	
TITLE	M PASQUALONE, DAWN	3.1 TITLE	Change Addition
NAME	PASQUALONE, DAWN	3.2 NAME	
STREET ADDRESS	1567 HIGHLAND AVE., #256	3.3 STREET ADDRESS	1543 HIGHLAND AVE. S., #256
CITY-ST-ZIP	CLEARWATER FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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: DAWN PASQUALONE 3-30-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone # 727-535-4427

CR2E034 (11/98)