

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **V00133 (1)**
1. Corporation Name
HUBERT D. FORNER INTERIORS, INC.



Principal Place of Business: **956 MARIE CIRCLE ORMOND BEACH FL 32176**
Mailing Address: **956 MARIE CIRCLE ORMOND BEACH FL 32176**

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

3. Date Incorporated or Qualified: **12/12/1991**
3a. Date of Last Report: **06/12/1995**
4. FEI Number: **59-3089527** Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**FORNER, HUBERT D.
956 MARIE CIRCLE
ORMOND BEACH FL 32176**

81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0600 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 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS
1. TITLE: **D** DELETE
NAME: **FORNER, HUBERT D.**
STREET ADDRESS: **956 MARIE CIRCLE**
CITY-ST-ZIP: **ORMOND BEACH FL**
2. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
3. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
4. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
5. TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE: Change Addition
2. NAME:
3. STREET ADDRESS:
4. CITY-ST-ZIP:
5. TITLE: Change Addition
6. NAME:
7. STREET ADDRESS:
8. CITY-ST-ZIP:
9. TITLE: Change Addition
10. NAME:
11. STREET ADDRESS:
12. CITY-ST-ZIP:
13. TITLE: Change Addition
14. NAME:
15. STREET ADDRESS:
16. CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this form 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 financial 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 trustee 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 addition thereto as shown in 13.

SIGNATURE: *Hubert D. Forner* **4/3/96** **904 441 2727**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)