

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

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V18968** (0)
1. Corporation Name
FINE INTERIORS, INC.



Principal Place of Business 1921 JAMAICA DR. MIRAMAR FL 33024	Mailing Address 1921 JAMAICA DR. MIRAMAR FL 33023-2409
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1992		3a. Date of Last Report 07/08/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0316585		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent HOILETT, CLAUDE 1921 JAMAICA DRIVE MIRAMAR FL 33024				10. Name and Address of New Registered Agent			
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 local address (NOTE: Registered Agent Signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	HOILETT, CLAUDE	☐ DELETE	1.1 TITLE		☐ Change	☐ Addition
NAME		HOILETT, CLAUDE		1.2 NAME			
STREET ADDRESS		1921 JAMAICA DR.		1.3 STREET ADDRESS			
CITY-ST-ZIP		MIRAMAR FL		1.4 CITY-ST-ZIP			
TITLE	D	HOILETT, LESLEY	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME		HOILETT, LESLEY		2.2 NAME			
STREET ADDRESS		1921 JAMAICA DR.		2.3 STREET ADDRESS			
CITY-ST-ZIP		MIRAMAR FL		2.4 CITY-ST-ZIP			
TITLE			☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE			☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE			☐ DELETE	5.1 TITLE		☐ Change	☐ Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE			☐ DELETE	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 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, changed, or on an attachment with an address

SIGNATURE _____ 11/31/97

CR2E034 (9/96)