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Apr 11 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 # **G27783** (1)
1. Corporation Name
ALENE WORKMAN INTERIOR DESIGN, INCORPORATED

Principal Place of Business
**4601 SHERIDAN STREET, SUITE #218
HOLLYWOOD FL 33021**

Mailing Address
**4601 SHERIDAN STREET, SUITE #218
HOLLYWOOD FL 33021-3432**



3. Date Incorporated or Qualified
03/15/1983 3a. Date of Last Report
04/16/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc. **59-2274495** Applied For
Not Applicable

22. City & State 27. City & State 5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

23. Zip Country 28. Zip Country 6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24. Zip Country 29. Zip Country 8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WORKMAN, ALENE
4601 SHERIDAN STREET, SUITE #218
HOLLYWOOD FL 33021**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, ALENE	1.2 NAME	
STREET ADDRESS	3370 N 47TH AVE	1.3 STREET ADDRESS	
CITY- ST- ZIP	HOLLYWOOD, FL 00000	1.4 CITY- ST- ZIP	
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY- ST- ZIP		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 if changed or on an attachment with no address.

SIGNATURE: *Aleene Workman, Pres* 4/4/97 954-989-0898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)