09101999-90009-015-$150.00-$150.00

D NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER DEC FEBRUARY 1, 2000.
INT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION NNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CUMENT # **L91945**
oration Name
INALD LILLY ASSOCIATES INTERIOR DESIGN, INC.

l Place of Business	Mailing Address
U.S. HWY. ONE. SUITE 303 I FL 33477-6470	900 S. U.S. HWY. ONE. SUITE 309 JUPITER FL 33477-6470

9/10/99 90009 015 $150.00
DO NOT WRITE IN THIS SPACE

cipal Place of Business	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/11/1990	
., Apt. #, etc.	Suite, Apt. #, etc. 27	4. FEI Number 65-0224854	Applied For Not Applicable
& State	City & State 28	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Country 25	Zip 29	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
	Country 30	8. This corporation owes the current year intangible Personal Property. ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LILLY, DONALD 900 S. U.S. HWY. ONE, SUITE 303 JUPITER FL 33477-6470	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

rsuant 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 ice or registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered ent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D LILLY, DONALD W. 102 PRIVATEER CT JUPITER FL	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☑ Change ☐ Addition 18023 TIDEWATER CIRCLE JUPITER, FL. 33458
D LILLY, J. RICHARD 5804 BALTIMORE AVE HYATTSVILLE MD	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition LS
	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition 500003031955--7 -11/02/98--01037--002 *****400.00 *****400.00
	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

eby 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 ated 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 ficer 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 ock 12 or Block 13 if changed, or on an attachment with an address.

IATURE: SIGNATURE REQUIRED 7/1/99 561-746-5010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #