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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V42811

INTERIOR DESIGN DIRECTORY, INC.

| Principal Plac | e of Business | Mailing Address | | | I SEALS BANK BIRD BIRD CARE SOCKE HORD IND. | Afalt Atal Bibli Afalt A | ITH BITH ITT |
|--|---|---|--|--|--|------------------------------|--|
| 1011 SE 9TH AVE 1011 SE 9TH | | 1011 SE 9TH AVE POMPANO BCH FL 33060 | E SUH VAE | | | <u>.</u> • | |
| US US | | | | | DO NOT WRITE IN | THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | • | | | 06/10/1992 | | |
| Principal Place of Business 2a. Mailing Address | | | | 4. FEI Number | Арі | plied For | |
| 21 | | 26 | | | 65-0347672 | | t Applicable |
| | | Suite, Apt. #, etc. | etc. | | 5. Certifcate of Status Desired | \$8.75 ∧ | I |
| 27 | | 27 | | | 5. Corandate of Calada Decirco | Fee Re | quired |
| City & State City & State | | | | 6. Election Campaign Financing | \$5.00 | May Be | |
| 23 | _ | 28 | | | Trust Fund Contribution | Added to | o Fees |
| Zip | Country | Zip | Cour | itry | 8. This corporation owes the current ye | | . |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | 25 No |
| - Luna | 9. Name and Address of Curr | rent Registered Agent | | | 10. Name and Address of New Regist | tered Agent | |
| | | 1 | | 81 Name | | | |
| | JMHAFT, ANN | 4. 7 | - | 82 Street Ad | ddress (P.O. Box Number is Not Acceptable) | | |
| | 1 SE 9TH AVE | | Ì | | the second secon | | |
| POM | MPANO BEACH FL 33060 | | | 83 | 1 San 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | | | | 04 07 | 1 182 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 85 Zip C | ng (K. 17) |
| * | | | | 84 City | • | FL S ZPC | Jode |
| 11. Pursuant | to the provisions of Sections 607.0 | 0502 and 607.1508, Florida Statu | tes, the at | ove-named co | orporation submits this statement for the purpo | se of changing its | registered |
| | | | | | | annointment as rec | |
| office or i | registered agent or both in the Sta | ite of Florida: Such change was a | authonzed | by the corpora | ation's board of directors. I hereby accept the | appointment as res | gistered |
| office or i | registered agent, or both, in the Sta am familiar with, and accept the obli | ite of Florida: Such change was a | authonzed | by the corpora | ation's board of directors. I hereby accept the | appointment as res | gistered |
| office or i | registered agent, or both, in the Sta am familiar with, and accept the obli | ate of Florida: Such change was a igations of, Section 607.0505, Flo | authorized orida Statu | by the corporates. | ation's board of directors, I nereby accept the | TE | gistereu |
| office or a agent. I a | registered agent; or both, in the Sta am familiar with, and accept the obli- Stgnature, typed or printed name of registered in | ate of Florida: Such change was a gations of, Section 607.0505, Floridations of the if applicable. (NOT) | authorized orida Statu E: Registered | by the corporates. | ation's board of directors, I nereby accept the | ΝΈ | |
| office or agent. I a SIGNATURE | registered agent, or both, in the Sta am familiar with, and accept the obling Signature, typed or printed name of registered of CFFICERS | ate of Florida: Such change was a igations of, Section 607.0505, Flo | euthorized orida Statu E: Registered | by the corporates. Agent signature req | uired when reinstating), | ΝΈ | |
| office or a agent. I a SIGNATURE | registered agent, or both, in the Sta am familiar with, and accept the obling Signature, typed or printed name of registered of OFFICERS | ate of Florida: Such change was a ligations of, Section 607.0505, Floridation of title if applicable. (NOTION DIRECTORS | E: Registered | by the corporates. | ation's poard of directors. I nereby accept the | RS AND DIRECTO | RS IN 12 |
| office or agent. I a SIGNATURE 12. TITLE NAME | registered agent, or both, in the Sta arm familiar with, and accept the obling Signature, typed or printed name of registered and OFFICERS P BAUMHAFT, ANN | ate of Florida: Such change was a ligations of, Section 607.0505, Floridation of title if applicable. (NOTION DIRECTORS | E: Registered 13. 1.1 Til | by the corporates. Agent signature req | uired when reinstating), | RS AND DIRECTO | RS IN 12 |
| office of a gent. I a signature 12. TITLE NAME. STREET ADDRESS | registered agent, or both, in the Sta am familiar with, and accept the oblination of registered and registered and of re | ate of Florida: Such change was a ligations of, Section 607.0505, Floridation of title if applicable. (NOTION DIRECTORS | E: Registered 13. 1.1 Til 1.2 NA 1.3 ST | by the corporates. Spent signature request. E ME REET ADDRESS | uired when reinstating), | RS AND DIRECTO | RS IN 12 |
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Feb 02, 1999 8:00am

Secretary of State

02-02-1999 90026 043 ***150.00