

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V54802 (6)

1. Corporation Name
ADLER INTERIOR DESIGN ASSOCIATES, INC.

Principal Place of Business: **2006 SAN MARCO BLVD JACKSONVILLE FL 32207**
Mailing Address: **2006 SAN MARCO BLVD JACKSONVILLE FL 32207**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/03/1992	3a. Date of Last Report 05/01/1995
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-3135660	Applied For Not Applicable
25. Country	26. Suite, Apt. #, etc.	27. City & State	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Country	30. City & State	31. Zip	32. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BRANT MOORE SAPP MACDONALD & WELLS P.A. 50 NORTH LAURA ST. SUITE 3100 JACKSONVILLE FL 32202				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 title if applicable) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	P/D
	D ADLER, GARY E.	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	2006 SAN MARCO BLVD JACKSONVILLE FL	1.3 STREET ADDRESS	825 Mapleton Terrace Jacksonville, Florida 32207
		1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		2.2 NAME	V Thomas Ranney
		2.3 STREET ADDRESS	1930 San Marco Place Jacksonville, Florida 32207
		2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is 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 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 its 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 not checked, or in an attachment with an address.

SIGNATURE: Gary E. Adler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96
Date: _____ Daytime Phone #: _____

CR2E034 (12/95)