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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 21 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 515190

**(7)** 

ANITA MARGOLIS INTERIOR DESIGN, INC.							
Principal Place 12601 N.E. 7TH NORTH MIAMI	AVE.	Mailing Address 12601 N.E. 7TH AVE. NORTH MIAMI FL 33161	•		1 199164 Arras 14491 Alliat 1994 1914 44111	91911 \$1012 \$1217 \$1901 <b>6</b> 7011	Miller son,
					3. Date Incorporated or Qualified 09/28/1976	3a. Date of Last R 03/27/1996	leport
2. Principal Pla	ace of Business	2a. Mailing Address		***********************	4. FEI Number	Ar	oplied For
21		26			59-1712428		ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional equired
City & State	}	City & State			6. Election Campaign Financing		May Be
23	•	28			Trust Fund Contribution		to Fees
Zip	Country Zip		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	glatered Agent	
	EGOLIS, ANITA		81	Name			
13646 DEERING BAY DR.				Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
MAIN	M) FL 33158		83			*	
			84	City	,	FL 85 Zip	Code
11. Pursuant t	o the provisions of Sections 607 0502 phistered agent, or both, in the Shite of	and 607.1508, Florida Stat of Florida, Such change wa	lutes, the above s authorized by	named corporal	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing in the appointment as	ts registered registered
SIGNATURE	any as you	Coalle-	<u> </u>			MILLER	
12.	Signature: typed of printed name of registated agent OFFICERS AND	/	OTE Registered Age	nt aignature requi	ADDITIONS/CHANGES TO OFFICE	FRS AND DIRECTOR	RS IN 12
TIFLE	DP	DELETE	1.1 TOLE		7107110701111100070 01710	☐ Change	Addition
NAME	MARGOLIS, ANITA		1.2 NAME				
STREET ADDRESS	13646 DEERING BAY DRIVE		1.3 STREET	ADDRESS			
CITY - ST - 7IP	MIAMI FL		1.4 CITY-5"	T-ZIP			
TOLE	\$ DELETE		2.1 TITLE	ļ		L Change	Addition
NAME	MARGOLIS, HERBERT G.		2.2 NAME				
STREET ADDRESS	13646 DEERING BAY DRIVE		2.3 STREET				
CHTY+ST+ZIP	MIAMI FL	DELETE	2 4 CITY-S 3.1 TITLE	ST-ZIP		Change	Addition
TOLE		☐ DELETE				- Circlinge	Addition (i.e.
NAME STREET ADORESS			3.2 NAME 3.3 STREET	ADORESS			
CITY-S1-201			3.3 STREET	1			
TOLE		DELETE	41 TITLE			Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET	address			
C(1)Y-S1-2IP			4.4 CITY - S	Y-ZIP			
TITLE		☐ DELETE	5.1 TITLE		• .	Change	Addition
NAME			5.2 NAME	}			
STREET ADORESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP		NELFTE	5.4 CITY - S	T-ZIP		[ ] Observe	1 12122
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME expect appointed			6.2 NAME	ADDDECC			
STREET ADDRESS			6.3 STREET	1			
14. Lao hares	by certify that the information supplied	with this filing does not au	6.4 CITY - S alify for the exe	mption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that	the
informatio	ri indicated on this annual report or si flicer or director of the corporation or n Block 12 or Block 13 if changed, or	ipplemental annuat report i the receiver or trustee emp	s true and accu owered to exec	irate and tha ute this repo	it my signature shall have the same lega rt as required by Chapter 607, Florida S	l effect as if made un italutes; and that my	ider oath; that Name