

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

FILED
Mar 31 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 303873 (4)
 1. Corporation Name
INTERNATIONAL DESIGN GUILD, INC.



Principal Place of Business: **1513 EAST COMMERCIAL BOULEVARD FT LAUDERDALE FL 33334**

Mailing Address: **1513 EAST COMMERCIAL BOULEVARD FT LAUDERDALE FL 33334**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **04/08/1966**

4. FEI Number: **59-1142041**

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
DODERO, PIETRO
6001 NE 19TH AVENUE
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name: **LISA A. SKRECCZ**

82 Street Address (P.O. Box Number is Not Acceptable): **605 NE 25 AVENUE**

84 City: **POMPANO BEACH** FL 85 Zip Code: **33062**

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: *Lisa A. Skreccz* **LISA A. SKRECCZ** **3/26/98**

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

12. OFFICERS AND DIRECTORS

TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	DODERO, PIETRO	
STREET ADDRESS	6001 NE 19TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DODERO, NATALIE	
STREET ADDRESS	6001 NE 19TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT, SEC. TREAS.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SKRECCZ, LISA A.	
1.3 STREET ADDRESS	605 NE 25 AVENUE	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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.

SIGNATURE: *Lisa A. Skreccz* **LISA A. SKRECCZ** **3/26/98**

CR2E034 (10/97)