

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90140 011 ***158.75

DOCUMENT # 505748

1. Corporation Name

INTERIOR DESIGN SERVICES, INC.

Principal Place of Business

11200 NINTH ST N #100
ST PETERSBURG FL 33716

Mailing Address

11200 NINTH ST N #100
ST PETERSBURG FL 33716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/16/1976

4. FEI Number

59-1676045

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes

No

9. Name and Address of Current Registered Agent

WHEATCRAFT, LYNDA
11200 NINTH ST. NO
ST PETERSBURG FL 33716

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 signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CDP	<input type="checkbox"/> DELETE
NAME	FOSTER, FRANK T., JR.	
STREET ADDRESS	5410 MARY LAND WAY, 300	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHEATCRAFT, LYNDA M	
STREET ADDRESS	11200 9TH ST NORTH 1, STE 100	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FOSTER, JUDY	
STREET ADDRESS	5410 MARY LAND WAY, 300	
CITY-ST-ZIP	BRENTWOOD TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, BOB	
STREET ADDRESS	510 5TH AVE, 3RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	V	<input type="checkbox"/> DELETE
NAME	YOUNG, CARL H III	
STREET ADDRESS	11200 NINTH ST N #100	
CITY-ST-ZIP	ST PETERSBURG FL 33716	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	CD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME	FOSTER, FRANK T JR		
13 STREET ADDRESS	5410 Maryland Way. Ste 300		
14 CITY-ST-ZIP	Brentwood, TN. 37027		
21 TITLE	President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	Karen A. Arnold		
23 STREET ADDRESS	11200 Ninth St. No. Ste 100		
24 CITY-ST-ZIP	St. Petersburg, FL 33716		
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
62 NAME			
63 STREET ADDRESS			
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lynda M. Wheatcraft

3/12/99

Date

727-576-7055

Daytime Phone #

CR2E034 (11/98)