

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

95 AUG -7 AM 10:39

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 709026 (9)

1. Corporation Name
INTERIOR DESIGN GUILD OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address
**1855 GRIFFIN ROAD BOX 7/DCOTA
DANIA FL 33004 DANIA FL 33004**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/26/1965	3a. Date of Last Report 08/31/1994
4. FEI Number 59-1818042	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUPONT, CHIP 1191 E. NEWPORT CTR DR., PH-C DEERFIELD BEACH FL 33442				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUPONT, CHIP	1.2 NAME	
STREET ADDRESS	1191 E. NEWPORT CTR DR.	1.3 STREET ADDRESS	
CITY - ST - ZIP	DEERFIELD BEACH FL 33442	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMOLE, SANDI	2.2 NAME	
STREET ADDRESS	11270 SW 59TH AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33156	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELSON, GLORIA	3.2 NAME	
STREET ADDRESS	1855 GRIFFIN RD., STE B-446	3.3 STREET ADDRESS	
CITY - ST - ZIP	DANIA FL 33004	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 the receiver or trustee appointed to execute this report as required by Chapter 117, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, by an attachment with the address.

SIGNATURE: **CHIP DUPONT** *[Signature]* **7/15/95** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR DATE (Day/Mo/Yr)

CR2E037 (3/95)