FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 JUN 20 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753712 (9)

1. Corporation Name

~~NORTH FLORIDA CHAPTER OF INSTITUTE OF BUSINESS D ESIGNERS, INC.~~ International Interior Design Association Florida Chapter, Inc.

Principal Place of Business	Mailing Address
1109 E. RIDGEWOOD ORLANDO FL 32803	1109 E. RIDGEWOOD ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2029657 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1235 Mt. Vernon St	26 1235 Mt. Vernon
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Orlando FL	28 City & State: Orlando FL
24 Zip: 32803 25 Country: Orange	29 Zip: 32803 30 Country: Orange

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE SHOREWOOD GROUP 1109 E. RIDGEWOOD ORLANDO FL 32803	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 1235 Mt. Vernon St 83 84 City: Orlando FL 85 Zip Code: 32803

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PE	☑ Change ☐ Addition
NAME	PRICE, AMY	12 NAME	Chip du Pont	
STREET ADDRESS	200 E ROBINSON #300	13 STREET ADDRESS	1191 E. Newport Center Dr	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	PE	21 TITLE	P	☑ Change ☐ Addition
NAME	HAFENBRACK-COLLIER, LORRAINE	22 NAME	000001519070	
STREET ADDRESS	9850 16TH ST N, OFFICE PAVILION	23 STREET ADDRESS	-06/21/95--01041--001	
CITY-ST-ZIP	ST PETERSBURG FL	24 CITY-ST-ZIP	****155.00 ****155.00	
TITLE	VP	31 TITLE	VP	☑ Change ☐ Addition
NAME	FETTER, AMY	32 NAME	John Mitrouka	
STREET ADDRESS	2904 WAREHAM CT	33 STREET ADDRESS	3244 Park Street	
CITY-ST-ZIP	CASSELBERRY FL	34 CITY-ST-ZIP	Jacksonville FL 32205	
TITLE	VP	41 TITLE	D	☑ Change ☐ Addition
NAME	BRUMFIELD, PHYLLIS	42 NAME	Kim Sutton	
STREET ADDRESS	6506 NW 136 ST	43 STREET ADDRESS	510 Julia St	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Jacksonville FL 32202	
TITLE	VP	51 TITLE	VP	☑ Change ☐ Addition
NAME	MAYER, SUZANNE	52 NAME	Chuck Levine	
STREET ADDRESS	459 SELVA LAKES CIR	53 STREET ADDRESS	1301 SW 70 Terrace	
CITY-ST-ZIP	ATLANTIC BCH FL	54 CITY-ST-ZIP	Plantation FL 33317	
TITLE	VP	61 TITLE	D	☑ Change ☐ Addition
NAME	PETERSEN, ELAINE	62 NAME	Dawn Starling	
STREET ADDRESS	200 E ROBINSON #300	63 STREET ADDRESS	P.O. Box 140900 1/4	
CITY-ST-ZIP	ORLANDO FL	64 CITY-ST-ZIP	Coral Gables FL 33114	

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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lorraine Hafenbrack-Collier 5/14/95 800-678-9190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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