

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 753712 (9)

1. Corporation Name

INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORID
A CHAPTER, INC.

Principal Place of Business

1235 MOUNT VERNON STREET
ORLANDO FL 32803

Mailing Address

1235 MOUNT VERNON STREET
ORLANDO FL 32803

3. Date Incorporated or Qualified
06/12/1980

3a. Date of Last Report
06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-2029657

Applied For
Not Applicable

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 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
1235 MOUNT VERNON STREET
ORLANDO FL 32803

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

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 PE
NAME DUPONT, CHIP
STREET ADDRESS 1191 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL

1.1 TITLE P
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME HAFENBRACK-COLLIER, LORRAINE
STREET ADDRESS 9850 16TH ST N, OFFICE PAVILION
CITY-ST-ZIP ST PETERSBURG FL

2.1 TITLE VP
2.2 NAME Susan Walker
2.3 STREET ADDRESS 8443 Baymeadows Road
2.4 CITY-ST-ZIP Jacksonville FL 32244

TITLE VP
NAME MITROUKA, JOHN
STREET ADDRESS 3244 PARK STREET
CITY-ST-ZIP JACKSONVILLE FL

3.1 TITLE PE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME SUTTON, KIM
STREET ADDRESS 510 JULIA ST
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE D
4.2 NAME Gerie Hasbrauck
4.3 STREET ADDRESS 370 Whooping Loop #1108
4.4 CITY-ST-ZIP Altamonte Springs FL 32701

TITLE VP
NAME LEVINE, CHUCK
STREET ADDRESS 1301 SW 70 TERRACE
CITY-ST-ZIP PLANTATION FL

5.1 TITLE T
5.2 NAME Frikland, Sona
5.3 STREET ADDRESS 1235 Mt Vernon St.
5.4 CITY-ST-ZIP Orlando, FL 32803

TITLE D
NAME STARLING, DAWN
STREET ADDRESS P.O. BOX 1401900 N/A
CITY-ST-ZIP CORAL GABLES FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0004250

CR2E037 (3/96)