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FILED

Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32803-54173. Date Incorporated or Qualified
08/12/19803a. Date of Last Report
07/17/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number

59-2029657

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

TITLE P
NAME DUPONT, CHIP
STREET ADDRESS 1191 E NEWPORT CENTER DR
CITY-ST-ZIP DEERFIELD BEACH FL☐ DELETETITLE P
NAME HAFENBRACK-COLLIER, LORRAINE
STREET ADDRESS 9850 18TH ST N, OFFICE PAVILION
CITY-ST-ZIP ST PETERSBURG FL☐ DELETETITLE D
NAME HASBROUCK, GERIE
STREET ADDRESS 370 WHOOPING LOOP #1108
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701☐ DELETETITLE Y
NAME STRICKLAND, SONA
STREET ADDRESS 1235 MT. VERNON ST.
CITY-ST-ZIP ORLANDO FL 32803☐ DELETETITLE VP
NAME LEVINE, CHUCK
STREET ADDRESS 1301 SW 70 TERRACE
CITY-ST-ZIP PLANTATION FL☐ DELETETITLE D
NAME STARLING, DAWN
STREET ADDRESS P.O. BOX 1401900 N/A
CITY-ST-ZIP CORAL GABLES FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 # 0016248

CR2E037 (9/96)