

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 753712 (9)

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INTERNATIONAL INTERIOR DESIGN ASSOCIATION FLORIDA
A CHAPTER, INC.

REINSTATEMENT

Principal Place of Business

Mailing Address

1235 MOUNT VERNON STREET
ORLANDO FL 32803

1235 MOUNT VERNON STREET
ORLANDO FL 32803

110-20th Ave North
St. Petersburg, FL 33704

PO Box 7797
St. Petersburg, FL 33734-7797

2. Principal Place of Business

2a. Mailing Address

110-20th Ave North

PO Box 7797

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
St. Petersburg, FL

City & State
St. Petersburg, FL

Zip

Country

33704 USA

33734-7797 USA

9. Name and Address of Current Registered Agent

THE SHOREWOOD GROUP
1235 MOUNT VERNON STREET
ORLANDO FL 32803

IIDA Florida Chapter
110-20th Ave North
St. Petersburg, FL 33704

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: Deborah A. Mitrovka - Administrator Deborah A. Mitrovka 1/25/99

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President 1998-1999	Change	Addition
1.2 NAME	John Mitrovka		
1.3 STREET ADDRESS	PO Box 7797 N/A		
1.4 CITY-ST-ZIP	St. Petersburg, FL 33734-7797		
2.1 TITLE	VP	Change	Addition
2.2 NAME	Susan Walker		
2.3 STREET ADDRESS	8443 Baymeadows Road		
2.4 CITY-ST-ZIP	Jacksonville, FL 32244		
3.1 TITLE	D	Change	Addition
3.2 NAME	Gregg Love		
3.3 STREET ADDRESS	10097 Cleary Blvd Suite 520		
3.4 CITY-ST-ZIP	Plantation, FL 33324		
4.1 TITLE	D	Change	Addition
4.2 NAME	Julie Prange		
4.3 STREET ADDRESS	5452 E. 1st Ave		
4.4 CITY-ST-ZIP	Jacksonville, FL 32207		
5.1 TITLE	D	Change	Addition
5.2 NAME	Cheryl Knobel		
5.3 STREET ADDRESS	100 South Lake Destiny Drive		
5.4 CITY-ST-ZIP	Orlando, FL 32810		
6.1 TITLE	100002814841	Change	Addition
6.2 NAME	-03/23/99--01025--019		
6.3 STREET ADDRESS	****297.50 ****297.50		
6.4 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 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

1/25/99

Date

727 898-2411

Daytime Phone #

0002640

CR2E037 (5/98)