

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F16041** (8)

1. Corporation Name
ALICE FOWLER INTERIOR DESIGN, INC.



Principal Place of Business 1704 S. MACDILL AVE. TAMPA FL 33629 US	Mailing Address P.O. BOX 274126 TAMPA FL 33688-4126 US
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3. Date Incorporated or Qualified 01/26/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2068631	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	

2. Principal Place of Business 21 14919 NORTHWOOD VILLAGE LANE Suite, Apt. #, etc. 22 City & State 23 TAMPA FLORIDA Zip 24 33613-1521	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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FOWLER, ALICE KOZLOWSKI
1704 S. MACDILL AVE.
TAMPA FL 33629

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14919 NORTHWOOD VILLAGE LANE 83 84 City TAMPA 85 Zip Code FL 33613-1521

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

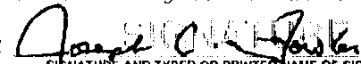
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	☒ Change ☐ Addition
NAME	FOWLER, ALICE K.	1.2 NAME	
STREET ADDRESS	1704 S. MACDILL AVE.	1.3 STREET ADDRESS	14919 NORTHWOOD VILLAGE LANE
CITY-ST-ZIP	TAMPA FL 33629	1.4 CITY-ST-ZIP	TAMPA FL 33613-1521
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	FOWLER, JOSEPH C.	2.2 NAME	
STREET ADDRESS	1704 S. MACDILL AVE.	2.3 STREET ADDRESS	14919 NORTHWOOD VILLAGE LANE
CITY-ST-ZIP	TAMPA FL 33629	2.4 CITY-ST-ZIP	TAMPA FL 33613-1521
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **JOSEPH C. FOWLER** 4/19/97 (813) 969-0795
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0368073

CR2E034 (9/96)