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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F16041**

1. Corporation Name
ALICE FOWLER INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
14919 NORTHWOOD VILLAGE LANE TAMPA FL 33613-1521 US	P.O. BOX 274126 TAMPA FL 33688-4126 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/26/1981

4. FEI Number: 59-2068631 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1680 KNOB LANE	26 1680 KNOB LANE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: VALLEY FORGE, PA	28 City & State: PHOENIXVILLE, PA
24 Zip: 19481 25 Country: CHESTER	29 Zip: 19460 30 Country: CHESTER

9. Name and Address of Current Registered Agent

FOWLER, ALICE KOZLOWSKI
14919 NORTHWOOD VILLAGE LN
TAMPA FL 33613

10. Name and Address of New Registered Agent

81 Name: William F. Vivori
82 Street Address (P.O. Box Number is Not Acceptable): 30 Lakeview Court
83
84 City: Palm Harbor FL 85 Zip Code: 34683

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: William F. Vivori — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 4/27/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST FOWLER, ALICE K. 14919 NORTHWOOD VILLAGE LN TAMPA FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1680 KNOB LANE VALLEY FORGE, PA 19481	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FOWLER, JOSEPH C. 14919 NORTHWOOD VILLAGE LN TAMPA FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1680 KNOB LANE VALLEY FORGE, PA 19481	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (11/98)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE FOR ALICE FOWLER — 4/8/99 — (607 896-6100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #