

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F42049 (9)

1. Corporation Name

INTERBAY INTERIOR SYSTEMS, INC.



Principal Place of Business

3161 118TH AVE. NORTH
ST PETERSBURG FL 33716

Mailing Address

3161 118TH AVE. NORTH
ST PETERSBURG FL 33716

2. Principal Place of Business

21 Subst. Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Subst. Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RESIDENT AGENT CORP. OF PINELLAS COUNTY
980 TYRONE BLVD.
ST PETERSBURG FL 33710

3. Date Incorporated or Qualified
08/26/1981

3a. Date of Last Report
04/07/1995

4. FET Number
59-2113710

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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 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

Signed by the person authorized to execute this report on behalf of the corporation

Signed by the Agent for the corporation

Date

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BLIERNITZ, JURGEN

STREET ADDRESS 1710 ARABIAN LN

CITY-STATE-ZIP PALM HARBOR FL

TITLE STD ☐ DELETE

NAME BLIERNITZ, INGRID C

STREET ADDRESS 1710 ARABIAN LN

CITY-STATE-ZIP PALM HARBOR FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE STD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE PD ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 included 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:

Signed and Typed or Printed Name of Signing Officer or Director
Ingrid Bliernitz

4/24/96

813-572-0063

CR2E034 (12/95)