

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

**FILED**  
**Apr 15 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # G64126 (7)**  
 Corporation Name  
**INTERARCH DESIGN INCORPORATED**



Principal Place of Business <b>805 N. MARION TAMPA FL 33602</b>	Mailing Address <b>205 N. MARION TAMPA FL 33602-4914</b>
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<b>3.</b> Date Incorporated or Qualified <b>10/03/1983</b>	<b>3a.</b> Date of Last Report <b>03/06/1996</b>
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<b>21</b> Principal Place of Business <b>100 E. MADISON STREET</b>	<b>2a.</b> Mailing Address <b>100 E. MADISON STREET</b>
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State <b>Tampa, FL</b>	<b>28</b> City & State <b>Tampa, FL</b>
<b>24</b> Zip <b>33602</b>	<b>29</b> Zip <b>33602</b>
<b>25</b> Country	<b>30</b> Country

<b>4.</b> FEI Number <b>59-2330997</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**MACARTHUR, DEBORAH L.**  
**205 N. MARION**  
**TAMPA FL 33602**

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)  
**100 E. MADISON STREET**

**84** City  
**TAMPA**

**85** Zip Code  
**FL 33602**

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>PDT</b> <b>MACARTHUR, DEBORAH L.</b> <b>205 N. MARION</b> <b>TAMPA FL</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>LUDWIG, JAMES G</b> <b>205 N MARION</b> <b>TAMPA FL</b>	<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2</b> NAME	
<b>1.3</b> STREET ADDRESS	<b>100 E. MADISON STREET</b>
<b>1.4</b> CITY - ST - ZIP	<b>TAMPA, FL 33602</b>
<b>2.1</b> TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2</b> NAME	
<b>2.3</b> STREET ADDRESS	<b>100 E. MADISON STREET</b>
<b>2.4</b> CITY - ST - ZIP	<b>TAMPA, FL 33602</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2</b> NAME	
<b>3.3</b> STREET ADDRESS	
<b>3.4</b> CITY - ST - ZIP	
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2</b> NAME	
<b>4.3</b> STREET ADDRESS	
<b>4.4</b> CITY - ST - ZIP	
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY - ST - ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> 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 or 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** \_\_\_\_\_ **(912) 229-8255**

CR2E034 (9/96)