

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G68320** (2)

1. Corporation Name

LIZ FISHER INTERIOR DESIGNS, INC.



Principal Place of Business

**1320 S.W. 15TH STREET
BOCA RATON FL 33486
US**

Mailing Address

**1320 S.W. 15TH STREET
BOCA RATON FL 33486
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

11/08/1983

3a. Date of Last Report

02/22/1995

4. FEI Number

59-2338997

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

9. Name and Address of Current Registered Agent

**FISHER, LIZ
1320 SW 15TH ST.
BOCA RATON FL 33486**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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 not deletable

NOTE: Registered Agent Signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
PST	FISHER, LIZ	1320 SW 15TH ST.	BOCA RATON FL	
D	FISHER, LIZ	1320 SW 15TH ST.	BOCA RATON FL	
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE <td>2.2 NAME<td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td></td>	2.2 NAME <td>2.3 STREET ADDRESS<td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	2.3 STREET ADDRESS <td>2.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	2.4 CITY - ST - ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE <td>3.2 NAME<td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td></td>	3.2 NAME <td>3.3 STREET ADDRESS<td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	3.3 STREET ADDRESS <td>3.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	3.4 CITY - ST - ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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6.1 TITLE <td>6.2 NAME<td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td></td>	6.2 NAME <td>6.3 STREET ADDRESS<td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td></td>	6.3 STREET ADDRESS <td>6.4 CITY - ST - ZIP<td><input type="checkbox"/> Change</td><td><input type="checkbox"/> Addition</td></td>	6.4 CITY - ST - ZIP <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td>	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Elizabeth Fisher
Elizabeth Fisher

3-394

407/750-4244

CR2E034 (12/95)