

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

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90088 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G68320**

1. Corporation Name
LIZ FISHER INTERIOR DESIGNS, INC.



Principal Place of Business Mailing Address
~~1320 S.W. 15TH STREET~~ ~~BOCA RATON FL 33486~~ ~~US~~
 1320 S.W. 15TH STREET
 BOCA RATON FL 33486
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/08/1983

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **816 E. Atlantic Ave** 26 **816 E. Atlantic Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State
 23 **Delray Beach FL** 28 **Delray Beach FL**
 Zip Country Zip Country
 24 **33483** 25 **USA** 29 **33483** 30 **USA**

9. Name and Address of Current Registered Agent
FISHER, LIZ
~~1320 SW 15TH ST.~~
BOCA RATON FL 33486

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
816 E. Atlantic Ave
 83
 84 City **Delray Beach** FL 85 Zip Code **33483**

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LIZ	1.2 NAME	
STREET ADDRESS	1320 SW 15TH ST. BOCA RATON FL	1.3 STREET ADDRESS	816 E. Atlantic Avenue
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, LIZ	2.2 NAME	816 E. Atlantic Avenue
STREET ADDRESS	1320 SW 15TH ST. BOCA RATON FL	2.3 STREET ADDRESS	Delray Beach FL 33483
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: **LIZ FISHER** **REQUIRED** DATE: **4/11** DAYTIME PHONE #: **561-278-2791**

CR2E034 (11/98)