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Mar 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # H23572

1. Corporation Name
BARBARA N. YERGENS INTERIORS, INC.



Principal Place of Business
% BARBARA N. YERGENS
~~664 AZALEA LA STE D~~
VERO BCH. FL 32963

Mailing Address
% BARBARA N. YERGENS
~~664 AZALEA LA STE D~~
VERO BCH. FL 32963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1984

4. FEI Number
59-2502774

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
21 736 AZALEA LANE
Suite, Apt. #, etc.

2a. Mailing Address
26 P.O. Box 643238
Suite, Apt. #, etc.

22 City & State
23 VERO Beach, FL
Zip Country
24 32963

27 City & State
28 VERO Beach, FL
Zip Country
29 32964

30 INDIAN RIVER

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YERGENS, BARBARA N.
~~664 AZALEA LANE STE D~~
VERO BCH. FL 32963

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
736 AZALEA LANE

83

84 City VERO BEACH FL 85 Zip Code 32963

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 title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME YERGENS, BARBARA N.
STREET ADDRESS 1759 CORAL WAY, OCEANSIDE
CITY-ST-ZIP VERO BCH. FL

1.1 TITLE PRESIDENT Change Addition
1.2 NAME BARBARA N. YERGENS
1.3 STREET ADDRESS 211 VILLAGE WAY
1.4 CITY-ST-ZIP PANAMA CITY BEACH, FL 32413

TITLE D DELETE
NAME YERGENS, WILLIAM P.
STREET ADDRESS 1759 CORAL WAY, OCEANSIDE
CITY-ST-ZIP VERO BCH. FL

2.1 TITLE SECT. TREAS Change Addition
2.2 NAME WILLIAM P. YERGENS
2.3 STREET ADDRESS 211 VILLAGE WAY
2.4 CITY-ST-ZIP PANAMA CITY BEACH FL 32413

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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: Barbara N. Yergens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/99
Date
561-234-1455
Daytime Phone #

CR2E034 (11/98)