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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Mar 03, 1999 8:00 am Secretary of State 03-03-1999 90043 030 \*\*\*150.00

1. Corporation	MENT # H23656 THE INTERIOR DESIGN, INC.								
Principal Place	of Rusinger	Mailing Address							
		POST OFFICE BOX 52 2	752			•			
13000 NW 38TH AVE POST OFFICE BOX 52 2752 P.O. BOX 52-2531 P.O. BOX 52-2531						,	•		
OPA LOCKA FL 33054 MIAMI FL 33152-752						DO NOT WRITE IN THIS SPACE			
US		US				3. Date Incorporated or Qualifed			
• • • • • •		2n 44-35- Add-no				10/02/1984 4. FEI Number		nation For	
2. Principal Place of Business		2a. Mailing Address				59-2449132		pplied For ot Applicable	
Suite, Apt.	# etc	Suite, Apt, #, etc.						Additional	
22	~	27			a Taring	-5. Certificate of Status Desired	<b>*</b> - · · · -	tequired	_
City & State	e	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		ntry		8. This corporation owes the current year I		1	
24	25	29	30			Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren	t Registered Agent		81 Name		10. Name and Address of New Registere	d Agent		
CAT	LIN, H. JAMES, JR.			81 Name					
	EAST FLAGLER STREET			82 Street	Addres	ss (P.O. Box Number is Not Acceptable)	,	1	
	TE 1700			83				<del></del>	
	MI FL 33131								
				84 City			■ 85 Zip	Code	
11 Pursuant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statu	ites, the a	bove-named	corpor	ation submits this statement for the purpose	of changing its	s registered	
	egistered agent, or both, in the State m familiar with, and accept the obliga				oration	's board of directors. I hereby accept the app	ointment as re	egistered	
agent, I ai	m tamiliar with, and accept the obliga								
-		110113 01, 0001011 001 .0000, 1	onda Stat	utes.			~	[	
SIGNATURE	Signature, typed or printed name of registered age			Agent signature	required v				í
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOT	ΓE <sup>·</sup> Registered	Ágent signature r	required v	when reinstating)  ADDITIONS/CHANGES TO OFFICERS /			(00)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NOT	ΓE· Registered	Ágent signature r	required v		AND DIRECT		(00,77)
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN DCEO BAKER, DALE S	nt and title if applicable. (NOT	ΓE <sup>·</sup> Registered	Agent signature	required v				(00,44,00
SIGNATURE 12. TITLE	Signature, typed or printed name of registered age OFFICERS AN DCEO BAKER, DALE S 2200 NW 84TH AVE	nt and title if applicable. (NOT	TE: Registered 13. 1.1 TI	Agent signature	required v				(00,44,000)
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered age OFFICERS AN DCEO BAKER, DALE S 2200 NW 84TH AVE MIAMI FL 33172	nt and title if applicable. (NOT	13. 1.1 TI 1.2 NJ 1.3 S 1.4 CI	Agent signature r TLE AME TREET ADDRESS TY-ST-ZIP		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	(00, 77, 700, 700, 700, 700, 700, 700, 7
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN DCEO BAKER, DALE S 2200 NW 84TH AVE MIAMI FL 33172 VPST	nt and title if applicable. (NOT	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI	Agent signature r TLE AME REET ADDRESS TY-ST-ZIP TLE	VF	ADDITIONS/CHANGES TO OFFICERS		Addition	(00,777,700,000,000,000,000,000,000,000,
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered age OFFICERS AN DCEO BAKER, DALE S 2200 NW 84TH AVE MIAMI FL 33172 VPST CIVILETTO, JOSEPH E	nt and title if applicable. (NOT	13. 1.1 TI 1.2 N 1.3 S 1.4 CI 2.1 TI	Agent signature r TLE AME REET ADDRESS TY-ST-ZIP TLE	V F B r	ADDITIONS/CHANGES TO OFFICERS	☐ Change	Addition	(44,00)
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AN DCEO BAKER, DALE S 2200 NW 84TH AVE MIAMI FL 33172 VPST CIVILETTO, JOSEPH E 2200 N W 84TH AVE	nt and title if applicable. (NOT ID DIRECTORS  DELETE  DELETE	13. 1.1 TI 1.2 N. 1.3 S' 1.4 CI 2.1 TI 2.2 N. 2.3 S' 2.4 C 3.1 TI 3.2 N. 3.3 S'	Agent signature of TILE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS  ITY-ST-ZIP  TLE  AME  TREET ADDRESS  TY-ST-ZIP  TLE  AME  TREET ADDRESS	VF Br	PST raithwaite, Garlan 200 NW 84th Avenue	☐ Change	☐ Addition	100 TO 100 LOCAL
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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 triblee 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 in an attachment with an address, with all other like empowered.

**SIGNATURES** RINTED NAME OF SIGNING OFFICER OR DIRECTOR