

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # J16722 (7)

1. Corporation Name

PATRICIA POLINO MILFORD, INTERIOR DESIGNER, INC.

Principal Place of Business

Mailing Address

2170 TAMAMI TRAIL N.
NAPLES FL 33940
US

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NAPLES FL 33940
US

3. Date Incorporated or Qualified

05/27/1986

3a. Date of Last Report

04/20/1995

4. FEI Number

59-2788556

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

MILFORD, PATRICIA POLINO
779 REEF POINT CRCL.
NAPLES FL 33963

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 Type the printed name of registered agent and file 1 application

(NOTE: Registered Agent signature required when not sitting)

DATE

12. OFFICERS AND DIRECTORS

TITLE VST
NAME MILFORD, PATRICIA P.
STREET ADDRESS 779 REEF POINT CRCL.
CITY-ST-ZIP NAPLES FL

TITLE PD
NAME MILFORD, PATRICIA P.
STREET ADDRESS 779 REEF POINT CRCL.
CITY-ST-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE Change Addition

12. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

31. TITLE Change Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE Change Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE Change Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE Change Addition

62. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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 617, 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

Date

Daytime Phone

CR2E034 (3/96)