


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

FILED  
Oct 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J29010** (2)  
1. Corporation Name  
**GAZEBO INTERIOR PLANT DESIGN, INC.**

Principal Place of Business <b>6157 WESTERN WAY <del>8892 152ND PLACE, SOUTH</del> LAKE WORTH FL 33463 US</b>	Mailing Address <b>6157 WESTERN WAY <del>8892 152ND PLACE, SOUTH</del> LAKE WORTH FL 33463 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>6157 Western Way</b> Suite, Apt. #, etc. 22 City & State 23 <b>LAKE WORTH, FL</b> Zip 24 <b>33463</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>6157 Western Way</b> Suite, Apt. #, etc. 27 City & State 28 <b>LAKE WORTH, FL</b> Zip 29 <b>33463</b> 30 <b>USA</b>		3. Date Incorporated or Qualified <b>08/15/1986</b>	4. FEI Number <b>59-2704494</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No						

9. Name and Address of Current Registered Agent <b>LOBEL LOLA T 6157 WESTERN WAY LAKE WORTH FL 33463</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOBEL, LOLA T.</b>			12 NAME			
STREET ADDRESS	<b>6157 WESTERN WAY</b>			13 STREET ADDRESS			
CITY - ST - ZIP	<b>LAKE WORTH FL</b>			14 CITY - ST - ZIP			
TITLE	<b>T</b>	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>WITTER JOAN</b>			22 NAME			
STREET ADDRESS	<b>6157 WESTERN WAY</b>			23 STREET ADDRESS			
CITY - ST - ZIP	<b>LAKE WORTH FL</b>			24 CITY - ST - ZIP			
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>LOBEL, STEVEN</b>			32 NAME			
STREET ADDRESS	<b>6157 WESTERN WAY</b>			33 STREET ADDRESS			
CITY - ST - ZIP	<b>LAKE WORTH FL</b>			34 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY - ST - ZIP				44 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY - ST - ZIP				54 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY - ST - ZIP				64 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.

SIGNATURE \_\_\_\_\_ DATE **8/12/98**

CR2E034 (10/97)