

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

**FILED**

**Jan 14 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # J45525 (9)**

1. Corporation Name  
**BONNIE L. SUTTIN INTERIOR DESIGN, INC.**



Principal Place of Business Mailing Address  
**2501 NW 59TH ST  
BOCA RATON FL 33496  
US** **2501 N.W. 59TH STREET  
BOCA RATON FL 33496-2224**

3. Date Incorporated or Qualified **11/26/1986** 3a. Date of Last Report **01/30/1996**  
4. FEI Number **59-2748339** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24 25 29 30

**9. Name and Address of Current Registered Agent**

**COBER CORPORATE AGENTS INC  
2801 S BAYSHORE DR  
19TH FL  
MIAMI FL 33133**

**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, typed or printed name of registered agent and the date applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**12. OFFICERS AND DIRECTORS**

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | <b>PSD</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>SUTTIN, BONNIE</b>     |                                 |
| STREET ADDRESS | <b>2501 NW 59TH ST</b>    |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>      |                                 |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>SUTTIN, EUGENE</b>     |                                 |
| STREET ADDRESS | <b>2501 NW 59TH ST</b>    |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>      |                                 |
| TITLE          | <b>D</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>KONDELL, KAREN P.</b>  |                                 |
| STREET ADDRESS | <b>2801 S BAYSHORE DR</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-ST-ZIP    |                           |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do 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:** *Bonnie Suttin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/8/97* *561-998-9316*  
Date Daytime Phone #

CR2E034 (9/96)