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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

BOCA RATON FL 33496

Suite, Apt. #, etc.

City & State

2. Principal Place of Business

19TH FL **MIAMI FL 33133**

2501 NW 59TH ST

21

22

23 Zip

24



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J45525

(9)

BONNIE L. SUTTIN INTERIOR DESIGN, INC.

Country

9. Name and Address of Current Registered Agent

25

2601 S BAYSHORE DR

COBER CORPORATE AGENTS INC

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

29

2501 N.W. 59TH STREET

BOCA RATON FL 33496

FILED Jan 23 1998 8:00am Secretary of State



85

Zip Code

		DO NOT WRITE IN THIS SPACE		
		3. Date incorporated or Qualified 11/26/1986		
		4. FEI Number 59-2748339	Applied For Wot Applicable	
		L 5. Certificate of Startis Desired 3 T	3.75 Additional Fee Required	
			5.00 May Be	
try		3. This corporation owes or has pald the current year Intangible Personal Property Tax due June 30. Yes No		
		10. Name and Address of New Registered Agent		
31	Name			
22	Street Address	Street Address (P.O. Boy Number is Not Acceptable)		

FI 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.

83

Coun

30

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1171 F 1.1 TITLE Change Addition SUTTIN. BONNIE NAME 1,2 NAME 2501 NW 59TH ST STREET ADDRESS 1.3 STREET ADDRESS BOCA RATON FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change Addition 2.1 TITLE SUTTIN, EUGENE NAME 2.2 NAME 2501 NW 59TH ST STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2 4 CITY - ST - ZIF DELETE TITLE Change 3.1 TITLE Addition KONDELL, KAREN P. NAME 3.2 NAME 2601 S BAYSHORE DR STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIF DELETE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE. 5.1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change TITLE 6.1 TITLE Addition NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empty pred to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

1/12/98

CR2E034