

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

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Apr 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **J49180**

(9)

1. Corporation Name

VOGUE INTERIORS, INC.

Principal Place of Business

**1412 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919**

Mailing Address

**1412 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919-1075**

3. Date Incorporated or Qualified 12/22/1986	3a. Date of Last Report 06/13/1996
4. FEI Number 59-2762520	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**OVERLY, DONNA G.
1412 ROYAL PALM SQUARE BLVD.
FT. MYERS FL 33919**

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

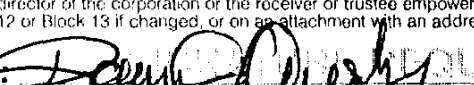
Signature (typed or printed name of registered agent and the if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OVERLY, DONNA G	1.2 NAME	DEBRA DEMARIA
STREET ADDRESS	25000 CYPRESS HOLLOW CT #204	1.3 STREET ADDRESS	19051 PINE RUN LANE
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1.4 CITY-ST-ZIP	FT. MYERS, FL 33912
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	DONNA G. OVERLY
STREET ADDRESS		2.3 STREET ADDRESS	25000 CYPRESS HOLLOW CT. #204
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BONITA SPRINGS, FL 33923
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  **DONNA G. OVERLY** 3/20/97 (941) 939-0600

SIGNATURE AND TITLE OF PERSON SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0402632

CR2E034 (9/96)