

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

## PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra El. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J73252**

(5)

1. Corporation Name

**INTERIOR VISIONS, INC.**



Principal Place of Business

**57 WEST TARPON AVENUE  
TARPON SPRINGS FL 34689**

Mailing Address

**57 WEST TARPON AVENUE  
TARPON SPRINGS FL 34689**

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

**SIEFERT, FRANK W.  
57 WEST TARPON AVENUE  
TARPON SPRINGS FL 34689**

3. Date Incorporated or Qualified  
**05/26/1987**

3a. Date of Last Report  
**02/14/1995**

4. FIC Number  
**59-3004350**

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

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 607.06(3), and 607.1500, 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. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of, Section 607.06(3), Florida Statutes.

SIGNATURE

Sandra El. Mortimer, Secretary of State

Sandra El. Mortimer, Secretary of State

DATE

12. OFFICERS AND DIRECTORS

|                |                              |                                 |
|----------------|------------------------------|---------------------------------|
| TITLE          | <b>P</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>SIEFERT, FRANK W.</b>     |                                 |
| STREET ADDRESS | <b>57 WEST TARPON AVENUE</b> |                                 |
| CITY-STATE-ZIP | <b>TARPON SPRINGS FL</b>     |                                 |
| TITLE          | <b>S</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>SIEFERT, URSULA E.</b>    |                                 |
| STREET ADDRESS | <b>57 WEST TARPON AVENUE</b> |                                 |
| CITY-STATE-ZIP | <b>TARPON SPRINGS FL</b>     |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |
| TITLE          |                              | <input type="checkbox"/> DELETE |
| NAME           |                              |                                 |
| STREET ADDRESS |                              |                                 |
| CITY-STATE-ZIP |                              |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  |                                                                   |
| 5. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  |                                                                   |
| 9. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP |                                                                   |
| 13. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP |                                                                   |
| 17. TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-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 registered trustee empowered to execute this report as provided by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attached with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIEFERT** 2/22/96 (813)934-1001

CR2E034 (12/95)