

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

FILED

Mar 03 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 # 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 34689-3431



3. Date Incorporated or Qualified 05/26/1987
3a. Date of Last Report 04/01/1996

2. Principal Place of Business
21 114 W. LEMON ST.
Suite, Apt. #, etc.
22 TARPON SPRINGS
City & State
23 34689 PINELLAS
Zip Country
24 25 29 30 34689

2a. Mailing Address
26 114 W. LEMON ST.
Suite, Apt. #, etc.
27 TARPON SPRINGS
City & State
28 34689
Zip Country
29 30 34689

4. FEI 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 FARNIE W SIEFERT
Street Address (P.O. Box Number is Not Acceptable)
83 114 W. LEMON ST
84 City
85 TARPON SPRINGS FL 34689
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]* DATE 2/26/97
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | P SIEFERT, FRANK W. <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 57 WEST TARPON AVENUE | 1.2 NAME | |
| STREET ADDRESS | TARPON SPRINGS FL | 1.3 STREET ADDRESS | 114 W. LEMON ST |
| CITY - ST - ZIP | | 1.4 CITY - ST - ZIP | TARPON SPRINGS FL 34689 |
| TITLE | S SIEFERT, URSULA E. <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 57 WEST TARPON AVENUE | 2.2 NAME | |
| STREET ADDRESS | TARPON SPRINGS FL | 2.3 STREET ADDRESS | 114 W. LEMON ST |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | TARPON SPRINGS FL 34689 |
| 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: *[Signature]* REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date Daytime Phone #

CR2E034 (9/96)