Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K34839 1. Corporation Name

INTERIOR DESIGNS BY BETTY LOU, INC.

Country

25

Principal Place of Busines	s
2107 FLOYD ST	

21

22

23

24

Zip

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2107 FLOYD ST SARASOTA FL 34239

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

26

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FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90003 038 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing Trust Fund Contribution

Personal Property Tax.

8. This corporation owes the current year Intaggible

09/28/1988

65-0076638

4. FEI Number

SARASOTA FL 34239 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 tife if applicable. (NOTE: Registered Agent signature required statutes) 12. OFFICERS AND DIRECTORS 13. ITTLE PVTD OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 14. CITY-ST-ZIP TITLE S OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP TITLE S OFFICERS AND DIRECTORS 14. CITY-ST-ZIP 15. TITLE S OFFICERS AND DIRECTORS 15. TITLE SCHNOOR, BETTY LOU 16. TITLE S OFFICERS AND DIRECTORS 17. STREET ADDRESS CITY-ST-ZIP TITLE S OFFICERS AND DIRECTORS 13. STREET ADDRESS CITY-ST-ZIP TITLE S OFFICERS AND DIRECTORS 14. CITY-ST-ZIP TITLE DELETE 31. TITLE 32. NAME 32. NAME 32. NAME 33. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 41. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 51. TITLE NAME 52. NAME 53. STREET ADDRESS 64. CITY-ST-ZIP TITLE NAME STREET ADDRESS	ss (P.O. Box Number is Not Acceptable)
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in S indicated on this annual report or supplemental annual report is true and accurate and that my signature	ection 119.07(3)(i), Florida Statutes. I further certify that the information

Country

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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 Block 12 or Block 13 if chapged, or on an attachment with an address, with all other like empowered.

SIGNATURE: