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

PROFIT CORPORATION **ANNUAL REPORT**

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

(4)

FILED Mar 19 1998 8:00am Secretary of State

INSIDE	-OUT DESIGN SERVICES,	, INC.						
Principal Place	o of Burinoss	Mailing Addres	-				BAL OUDA OUDA DAD	il Difiliuli
% SUSAN PR		•	% SUSAN PROVINI					
	(S ISLE APT 2		44 HENDRICKS ISLE APT 2					
FT LAUDERDALE FL 33301		ft Lauderda	FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 03/23/1990		
2. Principal P	lace of Business	2a. Mailing Add	2a. Mailing Address			4. FEI Number	Ap	plied For
21		26				65-0185757	No	t Applicable
Suite, Apt #, etc		}	Suite, Apt #, etc.			5. Certificate of Status Desired	\$8.75 /	
City & State		City & State	City & State				Fee Re	
23			28			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added 1	
Zip Country			Zip Country			8. This corporation owes or has paid the c		
24	25 29 30		— —	•		Personal Property Tax due June 30. Yes No		
3.1	9, Name and Address of Curre	44				10. Name and Address of New Registere		<u> </u>
PR	OVINI, SUSAN			81	Name			
44	HENDRICKS ISLE APT 2		82 Street Ad-			dress (P.O. Box Number is Not Acceptable)		
FT.	LAUDERDALE FL 33301				01/00//10/	steed (1 /e) Berry (all less to that y leading)		
				83				
				84	City		85 Zip (Code
				- 1		F	L '	i
11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the about of florida Such change was authorized.						rporation submits this statement for the purpose ation's board of directors. I hereby accept the au	of changing it	s registered registered
11. Pursuant to the provisions of Soctions 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. Floreby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes.								
SIGNATURE								
12.	Signature, typed or pooled name of registered in				nt signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AT	ID DIRECTOR	N 12
TITLE	OFFICERS AND DIRECTORS DRETE			13.		ADDITIONS/CHANGES TO OFFICENS A	Change	Addition
NAME	PROVINI, SUSAN			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	44 HENDRICKS ISLE #2							
CITY-ST-ZIP	FT LAUDERDALE FL			1.4 City-St-ZiP				ľ
TITLE				1 TITLE	1		Change	Addition
NAME			2:	2 2 NAME				
STREET ADDRESS			2 3 ST		ADDRESS			İ
CITY-ST-ZIP			2.	4 CITY-S	ST-ZIP			
TITLE			ELFTE 3	1 TITLE			Change	Addition
NAME			3.3	2 NAME				
STREET ADDRESS			3.3	3 STREET	ADDRESS			ļ
CITY-ST-ZIP				4. CITY-S	ST-ZIP			1000000
TITLE		Ü		1 TITLE			∐ Change	☐ Addition
NAME				2 NAME				- 1
STREET ADDRESS					ADDRESS			1
CITY-ST-ZIP				4 City-S	T-ZIP		Channa	☐ Addition
TITLE		ĻJι		1 TITLE			Change	AOURIUM }
NAME				2 NAME				1
STREET ADDRESS					ADDRESS			-
CITY-ST-ZIP	And the sales of t			4 CITY-S 1 TITLE	(-ZiP		Change	Addition
NAME				2 NAME				L /NOURIUN
1					Annaree			
STREET ADDRESS					ADDRESS			ļ
City-\$t-zip	certify that the information supplied	with this filing does no		4 CHY-S		n Section 119.07(3)(i). Florida Statutes. I further	certify that the	information

receipt certify that the information supplied with this timing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes, 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 attrictment with an address.

SIGNATURE:

954.728.8818