

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000002649 (1)

1. Corporation Name

ASSOCIATION OF LICENSED INTERIOR DESIGNERS, INC.



Principal Place of Business

4340 SE COMMERCE AVE  
STUART FL 34997

Mailing Address

4340 SE COMMERCE AVE  
STUART FL 34997

3. Date incorporated or Qualified  
05/20/1994

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 700 SE MICHAEL'S CT

26 700 S.E. MICHAEL'S CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 STUART, FL

28 STUART, FL

24 Zip 34996

25 Country MARTIN

29 Zip 34996

30 Country MARTIN

4. FEI Number  
65-0480144

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

OLENICK, MICHAEL  
900 E OCEAN BLVD  
STE 120  
STUART FL 34994

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MORGAN, SUSAN M  
STREET ADDRESS 4340 SE COMMERCE AVE  
CITY-ST-ZIP STUART FL 34997 ☒ DELETE

TITLE VD  
NAME CURLAND, JENNIE  
STREET ADDRESS 11 E OSCEOLA ST  
CITY-ST-ZIP STUART FL 34994 ☒ DELETE

TITLE TD  
NAME POAG, ANGELA  
STREET ADDRESS 418 COLORADO AVE  
CITY-ST-ZIP STUART FL 34994 ☒ DELETE

TITLE SD  
NAME CROSS, EDEN S  
STREET ADDRESS 13 PALM RD  
CITY-ST-ZIP STUART FL 34996 ☐ DELETE

TITLE D  
NAME IVANEK, MICHELE S  
STREET ADDRESS 333 TRESSLER DR #A  
CITY-ST-ZIP STUART FL 34994 ☐ DELETE

TITLE D  
NAME RALPH, BEVERLY A H  
STREET ADDRESS 388 NE ALICE AVE  
CITY-ST-ZIP JENSEN BEACH FL 34957 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES ☐ Change ☒ Addition  
1.2 NAME MARILYN H. WORTH  
1.3 STREET ADDRESS 700 S.E. MICHAEL'S CT.  
1.4 CITY-ST-ZIP STUART FL. 34996

2.1 TITLE VICE PRES ☒ Change ☒ Addition  
2.2 NAME ANGELA POAG  
2.3 STREET ADDRESS 418 COLORADO AVE  
2.4 CITY-ST-ZIP STUART, FL 34997

3.1 TITLE TRES. ☒ Change ☒ Addition  
3.2 NAME BEVERLY A H RALPH  
3.3 STREET ADDRESS 3784 SW QUAIL MEADOW TR.  
3.4 CITY-ST-ZIP PALM CITY, FL 34990

4.1 TITLE DIR. ☒ Change ☒ Addition  
4.2 NAME SUSAN M. MORGAN  
4.3 STREET ADDRESS 4340 S.E. COMMERCE AVE  
4.4 CITY-ST-ZIP STUART, FL. 34997

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2/27/96 (407) 287-6566

CR2E037 (12/95)