

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002649 (1)**

1. Corporation Name

ASSOCIATION OF LICENSED INTERIOR DESIGNERS, INC.



Principal Place of Business 700 SE MICHAELS COURT STUART FL 34996 US	Mailing Address 700 SE MICHAEL'S COURT STUART FL 34996-3636 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/20/1994		3a. Date of Last Report 03/20/1996	
				4. FEI Number 65-0480144		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent OLENICK, MICHAEL 900 E OCEAN BLVD STE 120 STUART FL 34994				10. Name and Address of New Registered Agent 81 Name Beth PRINZ 82 Street Address (P.O. Box Number is Not Acceptable) 1100 S. Federal Highway 83 84 City Stuart FL 85 Zip Code 34994			
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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 **Beth Teardo Prinz** **BETH TEARDO PRINZ** **1.16.97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WORTH, MARILYN			1.2 NAME			
STREET ADDRESS	700 SE MICHAEL'S COURT			1.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			1.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POAG, ANGELA			2.2 NAME			
STREET ADDRESS	418 COLORADO AVENUE			2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RALPH, BEVERLY			3.2 NAME			
STREET ADDRESS	3784 SW QUAIL MEADOW TRAIL			3.3 STREET ADDRESS			
CITY-ST-ZIP	PALM CITY FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CROSS, EDEN S			4.2 NAME			
STREET ADDRESS	13 PALM RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34996			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	IVANEK, MICHELE S			5.2 NAME			
STREET ADDRESS	333 TRESSLER DR #A			5.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL 34994			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORGAN, SUSAN M.			6.2 NAME			
STREET ADDRESS	4340 SE COMMERCE AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE **Beth Teardo Prinz** **BETH TEARDO PRINZ** **1.16.97**

CR2E037 (9/96)