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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

Mailing Address

**700 SE MICHAELS COURT
STUART FL 34996
US**

**700 SE MICHAEL'S COURT
STUART FL 34996
US**

2. Principal Place of Business

2a. Mailing Address

21 Baer's Furniture

Suite, Apt. #, etc.

22 1421 S Federal Hwy.

City & State

23 Stuart, FL 34994

Zip

24 34994

Country

25 MARTIN

City & State

26 Stuart, FL 34994

Zip

27 34994

Country

28 Martin

City & State

29 Stuart, FL 34994

Zip

30 34994

Country

31 Martin

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/20/1994

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**

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

10. Name and Address of New Registered Agent

**PRINZ, BETH
1100 S FEDERAL HWY
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **WORTH, MARILYN**
STREET ADDRESS **700 SE MICHAEL'S COURT**
CITY-ST-ZIP **STUART FL**

TITLE **VP** ☐ DELETE

NAME **POAG, ANGELA**
STREET ADDRESS **418 COLORADO AVENUE**
CITY-ST-ZIP **STUART FL**

TITLE **T** ☐ DELETE

NAME **RALPH, BEVERLY**
STREET ADDRESS **3784 SW QUAIL MEADOW TRAIL**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☒ DELETE

NAME **IVANEK, MICHELE S**
STREET ADDRESS **333 TRESSLER DR #A**
CITY-ST-ZIP **STUART FL 34994**

TITLE **D** ☐ DELETE

NAME **MORGAN, SUSAN M.**
STREET ADDRESS **4340 SE COMMERCE AVENUE**
CITY-ST-ZIP **STUART FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Pres.** ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**Lynne Gorall
Baer's Furniture**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1421 S. Federal, Stuart, FL 34994 ☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

D ☐ Change ☒ Addition

**Worth, Marilyn
700 SE Michael's Court
Stuart, FL 34996**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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:

Beverly A. H. Ralph, Treas.

2/9/98

561-288-9969

CR2E037 (10/97)