


**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90070 035 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # N98000004688</b>			
<b>1. Corporation Name</b> <b>INTERIOR DESIGN GUILD, INC.</b>			
<b>Principal Place of Business</b> 2357 NE 8TH STREET FT. LAUDERDALE FL 33304		<b>Mailing Address</b> 2357 NE 8TH STREET FT. LAUDERDALE FL 33304	



<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		<b>2a. Mailing Address</b> 26 1855 GRIFFIN ROAD 27 Suite, Apt. #, etc. Box 3 28 City & State DANTA, FL 33004 29 Zip Country 30		<b>3. Date Incorporated or Qualified</b> 08/11/1998 <b>4. FEI Number</b> 65-0861091 <b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>6. Election Campaign Financing</b> <input type="checkbox"/> \$5.00 May Be Added to Fees	
<b>9. Name and Address of Current Registered Agent</b> CLARK, RON 2357 NE 8TH STREET FT. LAUDERDALE FL 33304			<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code		
<b>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.</b>					

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CLARK, RON		1.2 NAME				
STREET ADDRESS	2357 NE 8TH STREET		1.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33304		1.4 CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SIKICH, ANTHONY		2.2 NAME				
STREET ADDRESS	5200 NE 14TH WAY #407		2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33334		2.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	MARTORILLI, CARMINE		3.2 NAME				
STREET ADDRESS	3320 N FEDERAL HWY.		3.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON FL 33431		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 RONALD C. CLARK 5/17/99 954-565-1777  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)