2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N98000004688 1. Entity Name **Secretary of State** INTERIOR DESIGN GUILD, INC. 04-18-2000 90269 007 ****61.25 Principal Place of Business Mailing Address 1855 GRIFFIN ROAD 2357 NE 8TH STREET FT. LAUDERDALE FL 33304 BOX 3 DANIA FL 33004-0003 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0861091 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **Name** O. Box Number is Not Acceptable) CLARK, RON .. - ----2357 NE 8TH STREET FT. LAUDERDALE FL 33304 ging its registered office or registered agent, or both, in the state of Florida 8. The above named entit SIGNATURE tered Agent signature required when rematating Signature, N Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Delete CHAIRMAN ☐ Addition nne PD TITLE DUPONT, CHIP NAME CLARK, RON NAME 1191 E. Newport Ctr Dr. Deer Fish Beh. FL STREET ADDRESS STREET ADDRESS 2357 NE 8TH STREET CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33304 Addition TITLE Delete TITLE Change NAME NAME SIKICH, ANTHONY ARK. RON STREET ADDRESS STREET ADDRESS 5200 NE 14TH WAY #407 CITY-ST-ZIF CITY-ST-ZIP FT. LAUDERDALE FL 33334 AUDEKALL ☐ Addition V Delete TITLE TITLE MARTORILLI, CARMINE NAME NAME SIKICH STREET ADDRESS 5200 NE 14 W44 #407 STREET ADORESS 3320 N FEDERAL HWY. CITY_ST_ZIP_ CITY ST-ZIP BOCA RATON FL-33431 FT-LAUDEROLIC ■ Addition TITLE ☐ Delete NAME NAME MARTORILL STREET ADDRESS STREET ADDRESS 3320 N. Foberen H CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Jun 14, 2000 8:00 am