


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P05873** (5)

1. Corporation Name  
**INTERNATIONAL DESIGN GROUP, INC.**

Principal Place of Business

**1815 GRIFFIN ROAD  
SUITE 402  
DANIA FL 33004**

Mailing Address

**1815 GRIFFIN ROAD  
SUITE 402  
DANIA FL 33004-2252**



3. Date Incorporated or Qualified **05/02/1985** 3a. Date of Last Report **02/14/1996**

4. FEI Number **59-2521916** 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

2. Principal Place of Business

21 **3201 Griffin Rd**

Suite, Apt. #, etc.

22 **Suite 210**

City & State

23 **Dania, Florida**

Zip

24 **33312**

Country

25 **USA**

2a. Mailing Address

26 **3201 Griffin Road**

Suite, Apt. #, etc.

27 **Suite 210**

City & State

28 **Dania, Florida**

Zip

29 **33312**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**GARDNER, ROBERT  
1815 GRIFFIN RD SUITE 402  
DANIA FL 33004**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**3201 Griffin Road**

**Suite 210**

83 City

**Dania**

FL

85 Zip Code

**33312**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **Robert Gardner, Chairman**

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

(NOTE: Registered Agent signature required when renewing)

DATE

**3/10/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, ROBERT</b>	
STREET ADDRESS	<b>1815 GRIFFIN RD.</b>	
CITY-ST-ZIP	<b>DANIA FL</b>	

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>RAYMOND, DAVID</b>	
STREET ADDRESS	<b>1815 GRIFFIN RD.</b>	
CITY-ST-ZIP	<b>DANIA FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GARDNER, MARILYN</b>	
STREET ADDRESS	<b>1815 GRIFFIN ROAD</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>3201 Griffin Road #210</b>
14 CITY-ST-ZIP	<b>Dania, FL 33312</b>

21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<b>3201 Griffin Road</b>
24 CITY-ST-ZIP	<b>Dania, FL 33312</b>

31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>3201 Griffin Road</b>
34 CITY-ST-ZIP	<b>Dania, FL 33312</b>

41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	

51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	

61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: **Robert Gardner, President** February 14, 1997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**954-893-7555**

CR2E034 (9/96)