

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000055970 (6)

1. Corporation Name

INTERIORS WITH MARY LOU, INC.



Principal Place of Business

11360 FORTUNE CR.
UNIT E10
WEST PALM BEACH FL 33414
US

Mailing Address

11360 FORTUNE CR.
UNIT 10
W. PALM BCH. FL 33414
US

3. Date Incorporated or Qualified
08/06/1993

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

21 **3500 FAIRLANE FARMS RD**

2a. Mailing Address

26 **3500 FAIRLANE FARMS RD**

4. FEI Number

65-0443762

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **SUITE 11**

Suite, Apt. #, etc.

27 **SUITE 11**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **WELLINGTON FL**

City & State

28 **WELLINGTON FL**

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

24 **33414**

Country

25 **USA**

Zip

29 **33414**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**PILOUS, MARY LOU
12940 BLUE LAKE DRIVE
WEST PALM BEACH FL 33414**

10. Name and Address of New Registered Agent

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 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

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 **PD** ☐ DELETE
NAME **PILOUS, MARY LOU**
STREET ADDRESS **12940 BLUE LAKE DR**
CITY-ST-ZIP **WEST PALM BEACH FL 33414**

TITLE **STD** ☐ DELETE
NAME **CATHCART, GEORGINA**
STREET ADDRESS **242 E LAKEWOOD RD**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Georgina Cathcart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**GEORGINA
CATHCART**

5/2/96

**407-
795-1767**

Date

Daytime Phone

CR2E034 (12/95)