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PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADORESS

SIGNATURE:

CITY+ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 23 1997 8:00am

Secretary of State

96/6)

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060607 (7) 1. Corporation Name

CREATIVE INTERIORS BY MIDGE, INC.

Finncipal Place of Business Mailing Address 12995 SO CLEVLAND AVE 12895 SO CLEVLAND AVE SUITE 109 SUITE 109 FORT MYERS FL 33907-3860 FORT MYERS FL 33907 US 3. Date Incorporated or Qualified 3a. Date of Last Report 08/30/1993 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Some Suite, Apt. #, etc. CREATIVE INTERIORS 65-0433343 Not Applicable Suite, 48451 McGREGOR BLVD #23 \$8.75 Additional \Box 5. Certificate of Status Desired FORT MYERS FL 33919 22 27 Fee Required City & 9 EL: (941) 437-9500 City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. 82 Street Address (P.O. Box Number is Not Acceptable) **TALLAHASSEE FL 32301** 83 84 City 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, typerillor printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 13. DELETE 1.1 TITLE Change Addition 1011 SCURLOCK, MIDGE NAME 1.2 NAME 6317 ST. ANDREWS CIRCLE STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33919 1.4 CITY - ST - ZIP DITY ST-Zin DELETE ___ Change Addition TITLE 2.1 TITLE SODREL, LORI NAME 2.2 NAME 12348 3RD ST STREET ADDRESS 2.3 STREET ADDRESS FORT MYERS FL CITY-SI-76 2. 4 CITY-ST-ZIP DELETE Change MILE 3.1 TITLE Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY ST ZIF 3.4. CITY - ST - ZIP DELETE Change Addition 1/11/8 4.1 TITL€ NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY-S1-2/P DELETE Change Addition TITLE 5.1 JITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 209 5.4 CITY - \$T - ZIP Change Addition DELETE HILE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

4-10-97

6.4 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.