

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000063460

1. Corporation Name

INTERIOR DESIGNED ENVIRONMENTS ASSOCIATES, USA,  
INC.

Principal Place of Business

1450 SPANISH OAK WAY  
WELLINGTON FL 3341  
US

Mailing Address

1450 SPANISH OAK WAY  
WELLINGTON FL 33414  
US

FILED  
Mar 05, 1999 8:00 am  
Secretary of State

03-05-1999 90008 045 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1993

4. FEI Number

65-0436223

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 owes the current year Intangible

Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 12230 Forest Hill Blvd

26 12230 Forest Hill Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 110 H

27 SUITE 110 H

City & State

City & State

23 Wellington, Florida

28 Wellington, Florida

Zip

Zip

24 33414

29 33414

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

THOMPSON, RHODALINE N FR  
1450 SPANISH OAK WAY  
WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

THOMPSON, RHODALINE N. FR

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

12230 FOREST HILL BOULEVARD

83

SUITE 110 H

84 City

WELLINGTON

FL

85 Zip Code

33414

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 Rhodaline N. France Thompson Rhodaline N. France Thompson - Principal/Design Director  
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 PDD  
NAME THOMPSON, RHODALINE N FR  
STREET ADDRESS 1450 SPANISH OAK WAY  
CITY-ST-ZIP WELLINGTON FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PDD  
1.2 NAME THOMPSON, RHODALINE N. FRANCE  
1.3 STREET ADDRESS 12230 FOREST HILL BOULEVARD  
1.4 CITY-ST-ZIP SUITE 110 H. WELLINGTON, FL 33414

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

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

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

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 607, 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: Rhodaline N. France Thompson Rhodaline N. France Thompson  
Signature and typed or printed name of signing officer or director Date Daytime Phone # (813) 791-3533

CR2E034 (11/98)