

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 # P93000081377 (2)

1. Corporation Name

MICHELE INTERIOR DESIGN, INC.



Principal Place of Business

Mailing Address

333 TRESSLER DR
SUITE A
STUART FL 34994

333 TRESSLER DR
SUITE A
STUART FL 34994

2. Principal Place of Business

21 1350 SW Oyer Pt Rd.

Suite, Apt. #, etc.

22

23 City & State
Palm City, FL

24 Zip
34990

25 Country
Martin

2a. Mailing Address

26 1350 SW Oyer Pt Rd.

Suite, Apt. #, etc.

27

28 City & State
Palm City, FL

29 Zip
34990

30 Country
Martin

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

03/07/1995

4. FEI Number

59-3213250

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

9. Name and Address of Current Registered Agent

IVANEK, MICHELE
333 TRESSLER DR
SUITE A
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name

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

1350 SW Oyer Pt Rd.

83

84 City

Palm City

FL

85 Zip Code
34990

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 607.0506, Florida Statutes.

SIGNATURE

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

(Name of Registered Agent signature required when reinstating)

Pres

4/14/96

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME IVANEK, MICHELE

STREET ADDRESS 333 TRESSLER DR SUITE A

CITY-ST-ZIP STUART FL 34994

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

1350 SW Oyer Pt Road
Palm City, FL 34990

2.1 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE

62 NAME

63 STREET ADDRESS

64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/96 (401) 287-8973

CR2E034 (12/95)