

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # P93000087682 (9)

1. Corporation Name
NIDACE' INTERIORS INC.

Principal Place of Business Mailing Address
**2701 SE OCEAN BLVD. 2701 SE OCEAN BLVD.
STUART FL 34998 STUART FL 34998**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
12/27/1993 04/28/1994
4. FEI Number Applied For
65-0440375 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GRANT, ENID A
2701 SE OCEAN BLVD.
STUART FL 34998**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PC
NAME	GRANT, ENID A
STREET ADDRESS	2701 SE OCEAN BLVD.
CITY- ST- ZIP	STUART FL
TITLE	V
NAME	GRANT, HORACE
STREET ADDRESS	2034 SE BOWIE STREET
CITY- ST- ZIP	PORT ST. LUCIE FL
TITLE	ST
NAME	GRANT, DAWN
STREET ADDRESS	1801 RANIER RD.
CITY- ST- ZIP	PORT ST. LUCIE FL
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	PC	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GRANT, ENID A.	
1.3 STREET ADDRESS	2701 S.E. OCEAN BOULEVARD	
1.4 CITY- ST- ZIP	STUART, FLORIDA 34996	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GRANT, HORACE	
2.3 STREET ADDRESS	2034 S.E. BOWIE STREET	
2.4 CITY- ST- ZIP	PORT ST. LUCIE, FLORIDA	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *Enid A. Grant* ENID A. GRANT 4-26-95 407
287-7677
SIGNATURE AND TYPE IN PRINT NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Initials)