

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

FILED
May 08 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P93000087682 (9)
 1. Corporation Name
NIDACE' INTERIORS INC.



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| Principal Place of Business 2701 SE OCEAN BLVD. STUART FL 34996 | Mailing Address 2701 SE OCEAN BLVD. STUART FL 34996-2767 |
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|--|---|---|--|
| 2. Principal Place of Business 21 287 MONTEREY ROAD Suite, Apt. #, etc. | 2a. Mailing Address 26 287 MONTEREY ROAD Suite, Apt. #, etc. | 3. Date Incorporated or Qualified 12/27/1993 | 3a. Date of Last Report 05/01/1996 |
| 22 City & State 23 STUART, FLORIDA Zip Country | 27 City & State 28 STUART, FLORIDA Zip Country | 4. FEI Number 65-0440375 | Applied For Not Applicable |
| 24 34994-446925 | 29 34994-44690 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|-----------------------|
| 9. Name and Address of Current Registered Agent GRANT, ENID A 2701 SE OCEAN BLVD. STUART FL 34996 | | 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12 | |
|----------------------------|---------------------------------|--|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PC GRANT, ENID A | 1.2 NAME | |
| STREET ADDRESS | 2701 SE OCEAN BLVD. | 1.3 STREET ADDRESS | 287 MONTEREY ROAD |
| CITY-ST-ZIP | STUART FL | 1.4 CITY-ST-ZIP | STUART, FL 34994-4469 |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | V GRANT, HORACE | 2.2 NAME | |
| STREET ADDRESS | 2034 SE BOWIE STREET | 2.3 STREET ADDRESS | 287 MONTEREY ROAD |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 2.4 CITY-ST-ZIP | STUART, FL 34994-4469 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE: *Enid Grant* **ENID GRANT** 4-28-97-561-287-7677
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)