

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000024496 (9)**

1. Corporation Name

GINA GOODIN INTERIOR DESIGN, INC.



Principal Place of Business

**3315 RICE STREET
SUITE 11
COCONUT GROVE FL 33133**

Mailing Address

**3315 RICE STREET
SUITE 11
COCONUT GROVE FL 33133**

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

30

**AVERILL, JOSEPH P
25 W FLAGLER STREET
SUITE 710
MIAMI FL 33130**

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 607.08(2) and 607.1504, 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 I accept the obligations of, Section 607.08(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE
NAME **D GOODIN, GINA**
STREET ADDRESS **3246 RIVIERA DRIVE**
CITY, ST, ZIP **CORAL GABLES FL 33134**

2. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE ☐ DELETE
NAME
STREET ADDRESS
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 included 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. But I am an officer or director of the corporation only if my name or business name is used to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if checked, or in Block 14 if not checked.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3. Date Incorporated or Qualified
03/25/1994

3a. Date of Last Report
06/14/1995

4. FEI Number
65-0478360

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

10. Name and Address of New Registered Agent

CR2E034 (12/95)

4-10-96

305/447-9817