

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000056769 (0)**

1. Corporation Name

PALMER, BRUEHL, NIEMANN INTERIOR DESIGN, INC.

Principal Place of Business:

Mailing Address:

1015 S ORLANDO AVE
WINTER PARK FL 32789

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WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last Report
4. FEI Number 59-3208632	Applied For Not Applicable
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 § 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

GENE E.B. HESS, C.P.A., P.A.
1305 E ROBINSON ST
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
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TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17 TITLE	PAM NIEMANN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 NAME	V-PRES. FINANCE	
17 STREET ADDRESS	911 E. CENTRAL BLVD.	
17 CITY, ST, ZIP	ORLANDO, FL 32801	
21 TITLE	THELISA PALMER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	V-PRES PERSONNEL	
23 STREET ADDRESS	1219 W. HARVARD ST.	
24 CITY, ST, ZIP	ORLANDO FL 32804	
31 TITLE	GERRI BRUEHL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	V-PRES. OPERATIONS.	
33 STREET ADDRESS	1426 FRANCES DR.	
34 CITY, ST, ZIP	APPOKA, FL 32703	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 131.07(4)(b), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made on or under oath. I am an officer or director of the corporation or the receiver or trustee appointed to manage this corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as a change or as an attachment with an address.

SIGNATURE: *Gene E.B. Hess*
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2695