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

PROFIT CORPORATION ANNUAL REPORT



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

1996

POCOL	MENT # <b>P940</b> 0	00056769 (	0)				
PALMER, BRUEHL, NIEMANN INTERIOR DESIGN, INC.							
Principal Place	of Business	Mailing Address					
1015 S ORLANDO AVE WINTER PARK FL 32789		1015 S ORLANDO AVE WINTER PARK FL 32789					
					3. Date Incorporated or Qualified 08/01/1994	3a. Date of Last 05/01/	
<ol> <li>Principal Pla</li> </ol>	ce of Business	2a. Mailing Address			4. FE! Number 59-3268632		Applied For Not Applicable
Suite, Apt. #, etc.  City & State		Suite, Apl. #, etc. 27 City & State		5. Certificate of Status Desired		\$8.75 Additional	
					6. Election Campaign Financing	Fee Required \$5.00 May Be	
<b>3</b>   Ζιρ	Country	<b>28</b> Zip	Count	ry	Trust Fund Contribution  8. This corporation has liability for i		ed to Fees
4	25 9, Name and Address of Currer	29	30		Florida Statutes Yes	□No	
	5, Name and Address of Curren	it negistered Agent	8	1 Name	10. Name and Address of New R	egistered Agent	
GENE E.B. HESS, C.P.A., P.A. 1305 E ROBINSON ST ORLANDO FL 32801			8	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)	
				3	Tradition (1.0. Son Humbor in Hot Proceptable)		
UKLAN	DO PL 32801						
			8	4 City		FL  85	Zip Code
or registers	the provisions of Sections 607.0502 ad agent, or both, in the State of Florid	da. Such change was authoriz	ed by the co	named corpor rporation's boa	ration submits this statement for the purp and of directors. I hereby accept the appo	pose of changing its xintment as registers	registered office ed agent. I am
or registers familiar with	ict agent, or both, in the State of Florin	da. Such change was authorizion 607.0505, Florida Statutes and little if applicable. [NO	Of by the co	e-named corpor rporation's boar gont signature require	ard of directors. I hereby accept the appoint of directors and the appoint of directors are also accept the appoint of directors.	DATE	ed agent. I am
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SIGNATURE:

typical annual report is true and accurate and that my signature shall have the same legal effect as if made under our trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name nan address.

407-644
100 OFFICER OR DIRECTOR

Date

Date