

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 09 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P94000056769 (0)

1. Corporation Name  
 PALMER, BRUEHL, NIEMANN INTERIOR DESIGN, INC.



Principal Place of Business: 1015 S ORLANDO AVE WINTER PARK FL 32789  
 Mailing Address: 1015 S ORLANDO AVE WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1994

4. FEI Number: 59-3268632 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country

2a. Mailing Address: 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

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  
 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	VPF	1.1 TITLE
NAME	NIEMANN, PAM	1.2 NAME
STREET ADDRESS	911 E. CENTRAL BLVD	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP
TITLE	VPT	2.1 TITLE
NAME	PALMER, THERESA	2.2 NAME
STREET ADDRESS	1219 W HARVARD ST	2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP
TITLE	VPO	3.1 TITLE
NAME	BRUETTE, GERI	3.2 NAME
STREET ADDRESS	1626 FRANCES DR	3.3 STREET ADDRESS
CITY-ST-ZIP	APOPKA FL	3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Handwritten entries in Block 13:

- 1.1-1.4: NIEMANN, PAM, 446 E. GRANT ST., ORLANDO FL. 32806
- 3.1-3.4: BRUEHL, GERI

14. I 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 added attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 9.1.98 (407) 644-4402

CR2E034 (5/98)