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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P94000063456**1. Corporation Name

GERI BRUEHL INTERIOR DESIGN, INC.

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

Mailing Address

1015 S ORLANDO AVE WINTER BARK FL 32789

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90106 003 ***150.00



MINICH MAN		William Daile C 02:00				DO NOT WRITE IN THIS SPACE			
	•				3. Date Inc. 08/29/	orporated or Qualifed			
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Num	ber			Applied For
21 1/02	26 FRANCES DR.	26 1626 FRAN	CE	SUR	<u> </u>	<u>8465 </u>			Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.			5. Certifcate	e of Status Desired			Additional Required
City & State	ODLA FL.	City & State 28 ADDVICA	F)			Campaign Financing			May Be d to Fees
23 APC	103 25 SEMINOLE	Zip 22702	Country	EMIN	This core	poration owes the curre	ent year Inta		Ū.No
24 761		29 3 7 7 7 9 30	76	JPI/IV		nd Address of New R	tegistered A		
	9. Name and Address of Current	Registerea Agent	81	Name	<u></u>		tegistored r	·parit	
HESS, GENE -1305 E ROBINSON ST				NONE					
				82 Street Address (P.O. Box Number is Not Acceptable)					
				 					
	12 00001		83						
			84	" "			FL	1 1	p Code
office or re agent. I a	to the provisions of Sections 607.0502 egistered agent of both, in the State of m familiar with and accept the or interest state of more state of the company of the compan	well -	~/ <u>L</u>	PI t	SEUEHL uired when reinstating)	PRESIDENT	DATE	147	7/
12.	OFFICERS AND		13.		ADDITION	IS/CHANGES TO OF	FICERS AN		
TITLE	P	☐ DELETE	1.1 TITLE		Lang H	(FOI	(Chang] المال	pe ☐ Addition ↓ L & TION 〕
NAME	BRUEHL, GERI		1.2 NAME	- 1	COLUMN TO A	CERI NCES DRIV	E `		
STREET ADDRESS	1626 HANCES DRIVE FELL	OR TYPO	1.3 STREE	T ADDRESS	ADDITION	CL 2770	2		1
C/TY-ST-ZIP	APOPKA PL		1.4 CITY-5	ST-ZIP	APOPEN,	FL . 3270	7	- Clobert	Addition
TITLE			2.1 TITLE					Chang	je 🗌 Addition
NAME			2.2 NAME						
STREET ADDRESS	}		2.3 STREE	T ADDRESS)
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP				☐ Chang	ne 🗍 Addition
TITLE		-	3.1 TITLE			·		Citally	e 🗆 Addition
NAME	الا يادات المحاصلين يتحون		3.2 NAME				•		
STREET ADDRESS				TADDRESS					
CITY-ST-ZIP	<u> </u>		3.4. CITY-	ST-ZIP			•	Chang	e Addition
TITLE		*	4.1 TITLE 4. 2 NAME						
NAME				- 1					
STREET ADDRESS		<u>.</u>		T ADDRESS					
CITY-ST-ZIP		☐ DELETE	4.4 CITY-5 5.1 TITLE	51-AP			 -	[] Chang	e Addition
TITLE			5.2 NAME		_				_
NAME OTDEET ADODESS				TADDRESS					
STREET ADDRESS			5.4 CITY-1						
CITY-ST-ZIP			6.1 TITLE				-	Chang	ge Addition
TITLE			6.2 NAME	ſ					
NAME				T ADDRESS					
STREET ADDRESS			4. OTA						

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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: