

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **P94000077483 (3)**

1. Corporation Name

**INTERIOR PIZAZZ, INC.**



Principal Place of Business

**590 SW 9 TER. 3  
POMPANO BEACH FL 33060**

Mailing Address

**590 SW 9 TER. 3  
POMPANO BEACH FL 33060**

2. Principal Place of Business

21 **2200 GLADES ROAD**

Suite, Apt. #, etc.

22 **303**

City & State

23 **Boca Raton Fla**

Zip

24 **33431**

Country

25 **Palm Bch**

2a. Mailing Address

26 **2200 GLADES Rd**

Suite, Apt. #, etc.

27 **303**

City & State

28 **Boca Raton FLA**

Zip

29 **33431**

Country

30 **Palm Bch**

9. Name and Address of Current Registered Agent

**ROSENZWEIG, BRUCE  
1401 SW 10 AVE  
POMPANO BEACH FL 33069**

3. Date Incorporated or Qualified

**10/19/1994**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**65-0530328**

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

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 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE

*Ellen Rosenzweig* *Ellen Rosenzweig (address)*

**3/19/96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE  
NAME **ROSENZWEIG, BRUCE**  
STREET ADDRESS **1401 SW 10 AVE**  
CITY-STATE-ZIP **POMPANO BEACH FL 33069**

TITLE **DV** ☐ DELETE  
NAME **ROSENZWEIG, ELLEN**  
STREET ADDRESS **1401 SW 10 AVE**  
CITY-STATE-ZIP **POMPANO BEACH FL 33069**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 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 or changed or on an attachment with an address.

SIGNATURE:

*Ellen Rosenzweig* *Ellen Rosenzweig Up*

DATE

**3/19/96 3057860009**

DELETING PHONE #

CR2E034 (12/95)