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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000027827

Principal Place of Business

INTERIORS BY YOU AND ME, INC.

10523 CRESTO ORALNDO FL 3 US	DELSOL CIRCLE 2817	10523 CRESTO DELSOL CIRC ORLANDO FL 32817 US	CLE		DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 04/05/1995		
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	plied For
21		26	-		59-3309759	\$8.75 A	t Applicable
Suite, Apt. #	ŧ, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip 24	Country 25	Zip 30	Country		This corporation owes the current year Interest Personal Property Tax.	tangible	D N No
	9. Name and Address of Curre		<u> </u>		10. Name and Address of New Registered	Agent	
		4	81	Name			
BRUNDAGE, THOMAS G 4002 WOODSONG DR.			82	82 Street Address (P.O. Box Number is Not Acceptable)			
ORL	ANDO FL 32817		83		, , , , , , , , , , , , , , , , , , , ,		
			84	City	FL	85 Zip C	Code
office or read agent. I an	gistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was auth ations of, Section 607.0505, Florida	a Statutes	the corporati	poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint the appoin	manent as re	
12. 1		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	PD	☐ DELETE	1.1 TITLE			Change	Addition \
NAME	BRUNDAGE, CORLENE M		1.2 NAME				
STREET ADDRESS	4002 WOODSONG DR.		1.3 STREE	TADDRESS			
CITY-ST-ZIP			1.4 CITY-5	T-ZIP		☐ Change	Addition
TITLE	-		2.1 TITLE			Onlange	
NAME	BRUNDAGE, THOMAS G		2.2 NAME				
STREET ADDRESS	4002 WOODSONG DR.			T ADDRESS			
CITY-ST-ZIP			2.4 CITY-: 3.1 TITLE	51-ZIP		Change	Addition
TITLE NAME	BRUNDAGE, THOMAS J.		3.2 NAME				
STREET ADDRESS	4002 WOODSONG DR			T ADDRESS			1
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE			Change	Addition Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			
TITLE		☐ DELÉTE	5.1 TITLE		•	☐ Change	Addition
NAME			5.2 NAME	T + DD0500			
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY-3 6.1 TITLE	31-4IP		☐ Change	Addition
TITLE		€ D DETE 16	6.2 NAME				_
NAME OFFICE ADDRESS	1 · · · · · · · · · · · · · · · · · · ·			ET ADDRESS			

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

6.4 CITY-ST-ZIP

STREET ADDRESS



FILED

Jan 20, 1999 8:00am

Secretary of State

01-20-1999 90014 003 ***150.00