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



	CORPORANNUAL R	ATION EPORT			DA DEPARTME Sandra B. Mo Secretary of SION OF CORE	ortham State					
D 1.	OCUMEN Corporation Name			0028989	9 (8)						
	INTERIOR P	LANNING	, INC.				4 (10)	Eilif Eilis Gain Asan asa	18 11881 1811B 18	18: 18:18 18:1 18:1	
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Pri	ncipal Place of Busi	ness		Mailing Address	s		1 10041001 110 10101 1	nisar Abrai Abril Bâlse Bêl	(0 \$1001 10410 1 0	IPAR 10110 POLL 1081	
	1266 1ST STREET SUITE 3 SARASOTA FL 34236		1266 1ST STREET SUITE 3 SARASOTA FL 34236				3. Date Incorporated or	Date Incorporated or Qualified 3a. Date of Last Report			
L	5			· -			04/07/1995				
21	Principal Place of B	usiness		2a. Mailing Addr	lress		4. FEI Number	ane (Applied For	
	Suite, Apt. #, etc.			Suite, Apt. #	#, etc.		65-0580			Not Applicable	
22				27	·		5. Certificate of Status	Desired 💢		5 Additional Required	
23	City & State			City & State			6. Election Campaign F	~ ~		0 May Be	
	Zıp	Cou	ntrv	28 Zip		Country	Trust Fund Contribut		Adde	d to Fees	
24	·	25	•	29	30	Country	8. This corporation has Florida Statutes	liability for intangible MYes □ No	tax under s	199.032,	
	9, Na	ame and Add	dress of Current	Registered Agent			10. Name and Address		d Agent		
	UIVON MARV	10				81 Name					
	HIXON, MARY 1266 1ST STR					82 Street A	Address (P.O. Box Number is No	t Acceptable)			
ł		LLI									
	SUITE 3					1831					
	SUITE 3 SARASOTA FL	34236				163					
	SARASOTA FL					84 City		F	i !	p Code	
11.	SARASOTA FL	visions of So	ctions 607.0502 a	and 607.1508, Florid	la Statutes, the	64 City	rporation submits this statement	for the purpose of			
11.	SARASOTA FL	visions of So	ctions 607.0502 a he State of Florida igations of, Section	and 607.1508, Florid a. Such change was n 607.0505, Florida	la Statutes, the authorized by t Statutes.	84 City	rporation submits this statement board of directors. I hereby acce	for the purpose of c			
	Pursuant to the proof registered agent familiar with, and a	ovisions of Se , or both, in t ccept the obl	igations of, Section	n 607.0505, Florida	Statutes.	above-named co	doard or birectors, Thereby acce	pt the appointment			
	Pursuant to the proof registered agent familiar with, and a	ovisions of Se , or both, in t ccept the obl	ctions 607,0502 a be State of Florida gations of, Section for registered agent a OFFICERS AND	n 607.0505, Florida	Statutes. (NOTE: Regis	above-named co	acce	pt the appointment	changing its of as registered	registered office 1 agent. I am	
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GNATURE:

The first of 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

GNATURE:

3.21.96

SIGNATURE: 1

NO TWEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.2/.96
Date Dayline Phone #