

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 # P95000033279 (7)

1. Corporation Name

LONGFELLOW INTERIOR DESIGN, INC.



Principal Place of Business

300 S. PINE ISLAND RD.
SUITE 226
PLANTATION FL 33324

Mailing Address

300 S. PINE ISLAND RD.
SUITE 226
PLANTATION FL 33324

3. Date Incorporated or Qualified

04/28/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1776 N. PINE ISLAND RD

26 1776 N. PINE ISLAND RD

4. FEI Number

65-0583644

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

22 SUITE 215

27 SUITE 215

23 City & State

28 City & State

24 PLANTATION FL

29 PLANTATION FL

25 33322

26 USA

30 33322

31 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LONGFELLOW, MAUREEN T
300 S. PINE ISLAND RD.
SUITE 226
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

1776 N. PINE ISLAND RD SUITE 215

83

84 City

PLANTATION

FL

85 Zip Code

33322

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME LONGFELLOW, MAUREEN T
STREET ADDRESS 300 S. PINE ISLAND RD., #226
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☒ Addition
1.2 NAME LONGFELLOW, MAUREEN
1.3 STREET ADDRESS 1776 N. PINE ISLAND RD SUITE 215
1.4 CITY-ST-ZIP PLANTATION, FL 33322

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 if changed, or on an attachment with an address.

SIGNATURE: Maureen Longfellow MAUREEN LONGFELLOW

(954) 424-4403

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)