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

**PROFIT** 



FLORIDA DEPARTMENT OF STATE

ANNU	PORATION AL REPORT 1996	Secre	a B. Mortham etary of State F CORPORATIONS	
	MENT # <b>P9500</b>	0093375 (0	)	
P.I.A. IN	ITERIOR DESIGN, INC.			
Principal Place of Business Mailing Address				1 Addited the form differential point doubt doubt differ and fill to det but then
2000 NORTH OCEAN BOULEVARD SUITE 605 BOCA RATON FL 33431 2000 NORTH OCEAN BOULEVARD SUITE 605 BOCA RATON FL 33431 BOCA RATON FL 33431				
				3. Date Incorporated or Qualified 12/07/1995
2. Principal Pla		2a. Mailing Address		4. FEI Number Applied For
21 2006 Suite, Apt. #, etc.		Suite, Apt. #, etc.	. 4 . 1	1.5 - 06 3 704   Not Applicable   S. Codificate of Status Posited   \$8.75 Additional
22	·······			5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
Zip	Country	<b>28</b>     Zip	Country	Trust Fund Contribution L. Added to Fees  8. This corporation has liability for intangible tax under s 199.032,
24	25	29	30	Florida Statutes
	9. Name and Address of Curre	nt Registered Agent	81 Name	10. Name and Address of New Registered Agent
2000 NOI SUITE 60 BOCA RA	TON FL 33431		83 84 City	Idress (P.O. Box Number is Not Acceptable)  FL 85 Zip Code
11. Pursuant to or registere	o the provisions of Sections 607.050; ad agent, or both, in the State of Flor	2 and 607.1508, Florida Statu ida. Such change was author	ites, the above-named corp zed by the corporation's bo	poration submits this statement for the purpose of changing its registered office pard of directors. I hereby accept the appointment as registered agent. I am
signature	n, and accord the obligations of Sec	tion 607.0505, Florida Statute	IS.  CAROL A. F  1011: Registered Agent signature requ	J 1
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D CARRYAG GAROL A	☐ DELETE	1. 1 TITLE	☐ Change ☐ Addition
NAME STREET ADORESS CITY-ST-ZIP	FARKAS, CAROL A 2000 NORTH OCEAN BOULE BOCA RATON FL 33431	VARD, SUITE 605	1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP	
TITLE	000/11/10/11/2 00/10/	☐ DELETE	2 1 TillE	☐ Change ☐ Addition
NAME			2 2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	i
CITY-ST-ZIP TITLE		DELETE	2.4 CITY - ST - ZIP 3.1 TITLE	. Change Addition
NAME			3.2 NAME	Change Mullion
STREET ADDRESS			3.3 STREET ADDRESS	
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TITLE		DELETE	4. 1 Trīlē	Change Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE	Change Addit-on
NAME			5.2 NAME	Change About-on
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 Tatle	Change Addition
NAME			6.2 NAME	
STREET ADORESS			6.3 STREET ADDRESS	

CITY-\$1-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 both; 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:

SIGNATURE AND TYPED ON PRINTED HAME OF SIGNING OFFICER OR DIRECTION A FARKLY Daily 5/20/96

CR2E034 (12/95)