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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000039293 (1)

GLORIA DEISON INTERIOR DESIGNER, INC.

Principal Place of Business

1342 TIMBERLANE RD.

Mailing Address

1342 TIMBERLANE RD.

FILED Mar 31 1998 8:00am Secretary of State

|--|--|

STE. 102A TALLAHASSEI		STE. 102A TALLAHASSEE FL 32312		DO NOT WRITE IN THIS	SPACE
US	P 1 P ACA14	US		3. Date Incorporated or Qualified	. ••
!				05/07/1996	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 /3/1 P	EACEFIELD PLACE	26 P.O. BOX	13762	59-3382709	Not Applicable
Suite, Apt. f	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5,00 May Be
23 TA111	HASSEE, FL	28 7 A 1 4 HAS	see FI	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	County COA) 8. This corporation owes or has paid the cur	
24 323			30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
	9. Name and Address of Currer	it negistered Agent	81 Name	01	Agent
	ISON, GLORIA			GIORIA DEISON	
	12 TIMBERLANE RD.		62 Street	Address (P.O. Box Number is Not Acceptable)	
IAL	LAHASSEE FL 32312		13 63	II PEACEFIELD PLACE	
			84 City	AllAHASSOR FL	85 Zip Code
11 Purcuant to	the provisions of Sections 607 050	2 and 607 1508 Florida Statute	is the above-named	corporation submits this statement for the purpose of	changing its registered
office or re	poistered agent, or both, in the State	of Florida. Such change was a	uthorized by the cor	poration's board of directors. I hereby accept the app	ointment as registered
	n familiar with, and accept the obliga-	ations of, Section 607.0505, Flo	rida Statutes.		
SIGNATURE :	Signature, typed or printed name of registered age	ont and title if applicable (NIOTE	Registered Agent signature	e required when reinstating) DATE	
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIBECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	DEISON, GLORIA		1.2 NAME		
STREET ADDRESS	1342 TIMBERLANE RD.		1.3 STREET ADDRESS	1311 PEACEFIELD PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32312		1.4 CITY-ST-ZIP	TAILHASSE, FL 3231	2_
TITLE		□ DELETE	2.1 TITLE	13377336	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE	<u> </u>	Change Addition
NAME		<u> </u>	3.2 NAME	1	. —
STREET ADDRESS		•	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		_ • -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		_	5.2 NAME		· -
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP	<u> </u>	
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		F-1 4-1-1-	6.2 NAME		
			6.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	artify that the information supplied w	ith this filing does not qualify to	6.4 CITY-ST-ZIP	l ed in Section 119.07(3)(i), Florida Statutes. I further ce	artify that the information
indicated of	on this annual report or supplements	al annual report is true and acco	urate and that my sid	anature shall have the same legal effect as if made un	der oath; that I am an
Officer or d Block 12 o	irector or the corporation of the rect ir Block 13 if changed for the all atta	eiver or trustee empowered to e chment with an address.	xecute tris report as	s required by Chapter 607, Florida Statutes; and that r	ny name appears in