

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

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000080181 (6)**  
 1. Corporation Name  
**GALLERY OF INTERIOR DESIGN, INC.**



Principal Place of Business Mailing Address

**109 OVERLEA WAY #1 VENICE FL 34292 US**

**109 OVERLEA WAY #1 VENICE FL 34292 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
**09/25/1996**

4. FEI Number **65-0701880** 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**

6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**PATTERSON, JOHN**  
**48 N. WASHINGTON BLVD.**  
**SARASOTA FL 34238**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	MCGIFFEN, JOHN W	
STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	CHAMBERLAIN, FRED	
STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	EDSEL, EDWARD E	
STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	VPAS	<input type="checkbox"/> DELETE
NAME	SHIPPS, PETER	
STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	VENICE FL	
TITLE	VPAS	<input checked="" type="checkbox"/> DELETE
NAME	EGGLESTON, SUSAN E	
STREET ADDRESS	109 OVERLEA WAY	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>AS BARBARA J. THOMAS</b>
6.3 STREET ADDRESS	<b>109 Overlea Way</b>
6.4 CITY-ST-ZIP	<b>Venice, FL 34292</b>

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.

SIGNATURE: \_\_\_\_\_ **4/28/98 941-497-4786**

CF2E034 (10/97)