K

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of Steep

DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000099399 (3)

INTERIOR DESIGN RESOURCES, INC.

Principal Place of Business Mailing Address 97 SOUTH WASHINGTON DRIVE 97 SOUTH WASHINGTON DRIVE SARASOTA FL 34236 **SARASOTA FL 34236-1433** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 Fee Required 27 City & State City & State \$5,00 May Be 6. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Country Zφ Country Zip This corporation has liability for intengible tax under s. 199.032, Yes 🔲 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STJERNEVALL, JANICE K 97 SOUTH WASHINGTON DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City 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 objections of, Section 607.0505, Florida Statutes.

SIGNATURE MANGET ruxwall SIGNATURE (NOTE: Registered Agent signature required when reinstating) 26510 COPULETS AND DIRECTORS 12. 13. THLE WICEKSTUERNEVALL DELETE 1.1 TITLE NAME DP. 1.2 NAME 97 S. WASHINGTON 3264 ° **CASOTA** 1.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition NAME 2.2 NAME STREET ADORESS 23 STREET ADDRESS 2.4 CITY-ST-ZIP CHY-ST-ZIE DELETE TITLE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITE F A 1 TITLE Change Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP Dity - ST - 7IP ☐ DELETE TITLE 5.1 TITLE NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CHTY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6.1 TITLE 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS C+TY - S1 - 7IP 6.4 CITY-ST-ZIP 14. I do 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