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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000047635

INTERDESIGN, INC.

FILED May 03, 1999 8:00 am Secretary of State

05-03-1999 90001 007 ***150.00

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Principal Place	of Business	Mailing Address				1 (\$81183) (10 10	181 13141 88111 68111		1811 18818 8114	# elles #111 l##1
3069 LAKESHORE DRIVE		3069 LAKESHORE DRIVE								
DEERFIELD BEA		DEERFIELD BEACH FL 33442								
-							O NOT WRITE	IN THIS	SPACE	
	•					3. Date incorporated 05/28/1998	or Qualifed			
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			A	pplied For
21	•	26				65-084	1701	_	y N	ot Applicable
Suite, Apt. i	#, etc.	Suite, Apt. #, etc.		-		E 0 -1% + 4 04-4			\$8.75	Additional
22		27				5. Certifcate of Statu	is Desired	⊔	Fee R	equired
City & State	e -	City & State				6. Election Campaig	n Financing		\$5.00	May Be
23	-	28				Trust Fund Contri	bution	<u> </u>	Added	to Fees
Zip	Country	Zip	Co	untry		8. This corporation of	wes the curren	nt year Inta	angible	_
24	25	29	30			Personal Property	/ Tax.		Yes	□No
	9. Name and Address of Curren	nt Registered Agent		L,		10. Name and Addre	ss of New Re	gistered /	Agent	
				81	Name					}
	ien, Herbert			82	Street Ad	dress (P.O. Box Number is	Not Acceptable	le)	•	
	LAKESHORE DRIVE							·		
DEE	RFIELD BEACH FL 33442			83						
				84	City				85 Zip	Code
					_	1		FL		
11. Pursuant t	to the provisions of Sections 607.050	2 and 607.1508, Florida Statu	tes, the	above	e-named co	rporation submits this state	ement for the pu	urpose of	changing it	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change was a	authorize	ed by	the cornora	ition's board of directors. I	nereby accept	rue abboir	ument as re	gistered
agent Lar	m familiar with, and accept the obliga	ations of Section 607.0505. Flo	orida Sta	atutés.	ine corpora					
agent. I ar	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Sta	itutés.		,				
agent. I ar SIGNATURE	m familiar with, and accept the obligation of registered age.	ations of, Section 607.0505, Fig	onda Sta	nutes.	•	ired when reinstating)		DATE		
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agent. I ar	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE	E: Registere	ed Agen	•	ired when reinstating)		DATE		
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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 applemental 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 changes, or open attachment with an address, with all other like empowered.

SIGNATURE

MACHINATION OF QUIRED HAME OF SIGNING OFFICER OR DIRECTOR

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951) 360 · 7738

2E034 (11/98)