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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90016 050 ***150.00

DOCUMENT # **J09309**

-	DESIGN GROUP, P.A. o of Business	Mail	ng Address	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
3378 EDGEWATER DR 3378 EDGEWATER DR ORLANDO FL 32804 ORLANDO FL 32804							DO NOT WRIT	E IN THIS :	SPACE	
US US							3. Date Incorporated or Qualifed	L 114 11110 1		
							04/15/1986			
2 Principal Pl	lace of Business	2a I	Mailing Address				4. FEI Number		Ar	plied For
21	lace of Eddiness	26	naming i taurooo				59-2687508			t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certifcate of Status Desired		\$8.75 Additional Fee Required		
City & State			City & State			6. Election Campaign Financing 55.00 May Be				
23		28					Trust Fund Contribution		•	to Fees
Zip Country			Zip Country				This corporation owes the current year Intangible			
24	25	29		30			Personal Property Tax.			XXNo
	9. Name and Address of Curre	nt Registe	red Agent		1		10. Name and Address of New R	egistered A	gent	
VOTT	CENT MADIC V			[81	Name				
KOTEEN, MARK A. 3100 CLAY AVENUE					82 Street Address (P.O. Box Number is Not Acceptable)					
				1						
SUITE 177				1	83					
ORLANDO FL 32804				Ì	84 City		· · · · · · · · · · · · · · · · · · ·	FL	85 Zip	Code
11. Pursuan	1 00000	100	4500 Florido Otoka	46			retion submits this statement for the		hanging its	registered
office or agent.	in the provisions of Sections 607 of edisteled agent or both in the Slate in an iner with large access the orbit	<u>(</u>	•			ne corporation	U3.	/ 31 / 9	tment as re	gistered
12.	Construe, typ of Printed name of legistered age OFFICERS AI			13.	Agent s	signature required	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
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CITY-ST-ZIP 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 upplemental 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 or the report as trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in on an attachment with an address, with all other like empowered. 14. I hereby certify that the information supplied indicated on this annual report of supplied officer or director of the corporation of the officer or direct Block 12 or Bk

6.4 CITY-ST-ZIP

SIGNATURE:

03/31/99

407/422-5461

Daytime Phone #