

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

**FILED**

**May 02 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L03770 (9)**  
1. Corporation Name  
**NIGHT OWL DESIGNS, INC.**



Principal Place of Business Mailing Address  
**10478 N.W. 22ND STREET PEMBROKE PINES FL 33029** **10478 N.W. 22ND STREET PEMBROKE PINES FL 33029-3810**

3. Date Incorporated or Qualified **07/24/1989** 3a. Date of Last Report **04/23/1996**

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	7.
Principal Place of Business		Mailing Address		FEI Number		Certificate of Status Desired		Election Campaign Financing		Date of Last Report		Additional Fees	
<b>130 S.W. 206 AVENUE</b>		<b>130 S.W. 206 AVENUE</b>		<b>65-0185756</b>		<input type="checkbox"/>		<input type="checkbox"/>		<b>04/23/1996</b>		<b>\$8.75</b>	
City & State		City & State		Trust Fund Contribution		This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Zip		Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>PEMBROKE PINES, FLORIDA</b>		<b>PEMBROKE PINES, FLORIDA</b>		<b>33029</b>		<b>U.S.A.</b>		<b>33029</b>		<b>U.S.A.</b>		<b>Yes</b>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>PERLOW, JEFFREY M. % PERLMAN &amp; PERLOW, P.A. 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83.			
				84. City			
				85. Zip Code			
				<b>FL</b>			

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEMAN, PHILIP</b>	1.2 NAME	<b>ALLEMAN, PHILIP</b>
STREET ADDRESS	<b>18478 NW 22ND STREET</b>	1.3 STREET ADDRESS	<b>130 S.W. 206 AVENUE</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL 33029</b>	1.4 CITY - ST - ZIP	<b>PEMBROKE PINES, FLORIDA 33029</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Philip Alleman* **PHILIP ALLEMAN** 4/20/97 (954) 432-2757  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)