## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE

CORPORATION ANNUAL REPORT 1998

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03770

(9)

NIGHT OWL DESIGNS, INC.

**FILED** Jan 29 1998 8:00am Secretary of State

City & State
PEMBROKE PINES FL 33029 US  PEMBROKE PINES FL 33029 US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/24/1989  2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0135756 Not Applicable  Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required City & State City & State 23  City & State 25  Country 26  27  Country 27  Country 28  Country 29  29  Country 29  20  20  20  20  Country 20  20  20  Country 20  20  20  20  Country 20  20  20  20  Country 20  20  20  20  20  20  20  20  20  Country 20  20  20  30  Country 30  81  Name  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PERLOW, P.A. 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009  81  82  Street Address (P.O. Box Number is Not Acceptable)  83  City and a copport of the purpose of changing its registered of Status St
US  US  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  07/24/1989  2. Principal Place of Business 2. Mailing Address 4. FEI Number 65-0135756 Not Applied For
2. Principal Place of Business 2. Additing Address 2. Principal Place of Business 2. Principal Place of Business 2. Principal Place of Business 2. Exercise April #, etc. 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 3. Date Incorporated or Qualified 07/24/1989 4. FEI Number 65-0135756 5. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Required Fee Required   \$8.75 Additional Fee Required Fee Requir
2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. FEI Number 4. FEI Number 65-0135756
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   Applied For Not Appli
Suite, Apt #, etc.   So. Certificate of Status Desired   \$8.75 Additional Fee Required
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   Status Desired   S8.75 Additional Fee Required
City & State
23   28   Trust Fund Contribution   Added to Fees     Zip
Zip Country Zip Country Zip Country 28. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
25 29 30 Personal Property Tax due June 30. Yes No  9. Name and Address of Current Registered Agent  PERLOW, JEFFREY M. % PERLMAN & PERLOW, P.A. 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009  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 agent, a 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, and accept the obligiations of, Section 607.0505, Florida Statutes  SIGNATURE  Signature, Nyead or primed name of registered agent and little if applicable  PD
PERLOW, JEFFREY M. % PERLMAN & PERLOW, P.A. 1820 E HALLANDALE BEACH BLVD HALLANDALE FL 33009  82 Street Address (P.O. Box Number is Not Acceptable)  83 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 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, amount arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typed or primed name of registered agent and little if applicable (NOTE, Registered Agent signature required whon rehatating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE Change Addition  NAME ALLEMAN, PHILIP  STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 1.4 CITY-ST-ZIP
TITLE         PD         DELETE         1.1 TITLE         Change         Addition           NAME         ALLEMAN, PHILIP         1.2 NAME           STREET ADDRESS         130 SW 206 AVENUE         1.3 STREET ADDRESS           CITY-ST-ZIP         PEMBROKE PINES FL         1.4 CITY-ST-ZIP
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NAME 22 NAME
STREET ADDRESS 2.3 STREET ADDRESS
CITY-SI-ZIP 2. 4 CITY-SI-ZIP
TILE DELETE 3.1 TITLE Change Addition
NAME 3.2 NAME
STREET ADDRESS 3.3 STREET ADDRESS
CITY-ST-ZIP 3.4. CITY-ST-ZIP
TITLE DELETE 4.1 TITLE Change Addition
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STREET ADDRESS 4.3 STREET ADDRESS
CITY-ST-ZIP 4.4 CITY-ST-ZIP
TITLE DELETE 5.1 TITLE Change Addition
NAME 5.2 NAME
STREET ADDRESS 5.3 STREET ADDRESS
C/TY-ST-ZIP 5.4 C/TY-ST-ZIP
TITLE DELETE 6.1 TITLE Change Addition
NAME 6.2 NAME
STREET ADDRESS 6.3 STREET ADDRESS
CITY-ST-ZIP  14. Upgreby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/29/9 Florida Statutes 1 further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/29/9 Florida Statutes 1 further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/29/9 Florida Statutes 1 further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/29/9 Florida Statutes 1 further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/29/9 Florida Statutes 1 further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07/29/9 Florida Statutes 1 further certification in the section 1 further certification 1 further certificati

Indicated on this annual report or supplied with this tiling does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatic 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: