FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L67307** **(3)**

1. Corporation Name

DESIGNER OF ST. LUCIE AND MARTIN COUNTIES, INC.

Principal Place of Business	Mailing Address
1611 S. W. BILTOMORE STREET ~~6800~~ PORT ST. LUCIE FL 34983 US	C/O GEORGE L. WILLIAMS III 606 BOSTON AVENUE FT.PIERCE FL 34950 US

3. Date Incorporated or Qualified: 04/20/1990
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business
21 1611 S.W. Biltmore Street

Suite, Apt. #, etc.
22

City & State
23 Port St. Lucie, Florida

Zip: 24 34983 Country: 25 US

2a. Mailing Address
26

Suite, Apt. #, etc.
27

City & State
28

Zip: 29 Country: 30

4. FEI Number: 65-0199309 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, GEORGE L. III
606 BOSTON AVENUE
~~SUITE 300~~
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name: George L. Williams, III
82 Street Address (P.O. Box Number is Not Acceptable): 606 Boston Avenue
83
84 City: Fort Pierce, FL 85 Zip Code: 34950

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	PST	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	NARDONE, JOHN		1.2 NAME		
STREET ADDRESS	420 STREAMLET AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	NARDONE, JOHN		2.2 NAME		
STREET ADDRESS	420 STREAMLET AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP		
TITLE		☐ 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
NAME			4.2 NAME		
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		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: John Nardone John Nardone President 4-22-96 (407)878-8758
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #