Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90223 042 \*\*\*150.00

## 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

1. Corporation	MENT # P92000 DESIGNS, INC.	010103								
Principal Place	e of Business	Mailing Address				1 (89)(89) ***		•••••		
265 SOUTH FEDERAL HWY S-113 265 SOUTH FEDERAL HWY SUITE 298 DEERFIELD BCH. FL 33441			S-113				DO NOT WE	RITE IN THIS	SPACE	
DEERFIELD BCH. FL 33441						3. Date Incorpora		<del></del>	OI ACE	
US						12/04/1992	ted of Qualiter	u		]
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			Apr	plied For
21	add of Buomed	26				65-0372581			Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					-t Did		\$8.75 A	dditional
22		27				5. Certifcate of St	atus Desired		Fee Red	quired
City & State	e	City & State				6. Election Campa	aign Financing		\$5.00	May Be
23		28				Trust Fund Cor	•	, c	Added to	) Fees
Zip	Country	Zip	Coul	ntry		8. This corporation	n owes the cu	rrent year Int	angible	_
24	25	29	30			Personal Prope	erty Tax.		Yes	ØKi₀
	9. Name and Address of Curren	t Registered Agent				10. Name and Ad	dress of New	Registered	Agent	
				81	Name					
RETTERATH ROBERT				82	Street Add	ress (P.O. Box Numbe	r is Not Accep	table)		
2817 NE 32ND ST.										
LIGHTHOUSE POINT FL 33064				83						
			-	84	City	<del>-</del>			85 Zip C	code
					•			FL	<b>.</b>   {	
11. Pursuant office or reagent. I as	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligations of the college of of the c	2 and 607.1508, Florida Statute: of Florida. Such change was autions of, Section 607.0505, Flori	s, the at thorized da Statu	by tates.	-named cor the corporat	poration submits this st ion's board of directors	. I hereby acc	ept the appoi	ntment as reg	jistered
SIGNATORE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:		Agent	t signature requir	ed when reinstating)		DATE		
12.		D DIRECTORS	13.			ADDITIONS/CH	ANGES TO C	FFICERS AN		RS IN 12
TITLE	<u> </u>			LE					☐ Change	Addictin
NAME	HETTERWITT, COTT E		1.2 NA	1.2 NAME						
STREET ADDRESS	2817 NE 32 ST.			REET	ADDRE\$\$					
CITY-ST-ZIP				Y-ST	-ZIP					
TITLE	VP	☐ DELETE	2.1 TIT	LE					☐ Change	Addition
NAME	retterath, robert e		2.2 NA	ME						
STREET ADDRESS	2817 NE 32 ST.		2.3 ST	REET	ADDRESS					
CITY-ST-ZIP	LHP FL		2. 4 CI		T-ZIP					Addition
TITLE		☐ DELETE	3.1 TIT	LE					☐ Change	Addition
NAME			3.2 NA	ME						
STREET ADDRESS			3.3 ST	REET	ADDRESS					i
CITY-ST-ZIP			3.4 CI		T-ZIP				(T) ()	☐ Addition
TITLE		☐ DELETE	4.1 TII	ΓLE					Change	☐ Modition
NAME			4. 2 N	AME	İ					
STREET ADDRESS			4 3 ST	REET	ADDRESS					
CITY-ST-ZIP			4.4 CF		r-ZIP				T Channa	Addition
TITLE		☐ DELETE	5.1 TII						☐ Change	Addition
NAME			5.2 NA							
STREET ADDRESS					ADDRESS					į
CITY-ST-ZIP		<u></u>	5.4 CF 6.1 T/T		1-ZIP				☐ Change	Addition
TITLE		☐ DELETE	6.2 NA						change	
NAME			■ U.Z IV	MARIE	ı					

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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #