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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000041518 (0)

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

DESIGN	N BUILD 2000 INC.	` ,						
Delegated Diag	a of Ducinosa	Staller Oddana						
Principal Place of Business Mailing Address  12220 -45 TOWNE LAKE DR. 12220 -45 TOWNE LAKE DR. FT MYERS FL 33913 US  US  Mailing Address  12220 -45 TOWNE LAKE DR. FT MYERS FL 33913 US			: DR.	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified				
						'		
2. Principal P	lace of Business	2a. Mailing Address	Mailing Address			06/04/1993 4. FEI Number		Applied For
21		26				65-0420096		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					<b>⊢</b> \$8.7	5 Additional
22		27				5. Certificate of Status Desired	Fee	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be	
23		28				Trust Fund Contribution	Adde	ed to Fees
Zip	Country Zip Cou			try		8. This corporation owes or has pa		
24	25 29 30				Personal Property Tax due June 30.  Yes  No  10. Name and Address of New Registered Agent			
	9. Name and Address of Current	Registered Agent		1 Name		10. Name and Address of New He	gistered Agent	
CINCELLI, SAM					\$			
12220 TOWNE LAKE DR STE 45				2 Stree	t Addres	ss (P.O. Box Number is Not Acceptab	le)	
FT. MYERS FL 33913			5	3				
			[`					
			[8	4 City			FL 85 Z	ip 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 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.								g its registered as registered
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered	gent signatu	re required	when reinstating)	DATE	
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECT	ORS IN 12
TITLE	DVT	DELETE 1.1					Chang	e 🗌 Addition
NAME	- 11 10 CDC-1		1.2 NAM	E				
STREET ADDRESS	1333 13 13 1111 2 111		1.3 STRE	ET ADORESS	:			Ī
CITY-ST-ZIP				1.4 CITY-ST-ZIP			<del></del>	
TITLE	DP 🔲 DELETE		2.1 TITU	2.1 TITLE			L Chang	je 🔲 Addition
NAME	CIRCELLI, SALVATORE		2.2 NAM	2.2 NAME				
STREET ADDRESS			2.3 STR	2.3 STREET ADDRESS				
CITY-ST-ZIP	·····/			2. 4 CITY-ST-ZIP				- I Addistan
TITLE				3.1 TITLE			Chang	e 🔲 Addition
NAME			3.2 NAM		}			
STREET ADDRESS				ET ADDRESS	' <b> </b>			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CIT	-ST-ZIP			Chang	e Addition
NAME			4. 2 NAM					
STREET ADDRESS				et address	1			
CITY-ST-ZIP				4.4 CITY - ST-ZIP				
TITLE		DELETE		5.1 TITLE			Chang	e Addition
NAME			5.2 NAM					
STREET ADDRESS				- Et adoress				
CITY-ST-ZIP			5.4 CITY					
TITLE		DELETE	6,1 TITU		1		☐ Chang	e
NAME		<del></del>	6.2 NAM					1
STREET ADDRESS				- et address				ŀ
			6.4 CITY					
	ertify that the information supplied wit	h this fiting does not qualify:			ted in Se	ection 119.07(3)(i). Florida Statutes 1	further certify that I	he information

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 13 if chapter it is a required by Chapter 607, Florida Statutes; and that my name appears in the process.

CICNIATURE.

Jour CHARTHURE

1/21/98

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