PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # P98000001026

ORIENTAL DESIGNS, INC.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90041 028 ***150.00



Principal Place	of Business	Mailing Address				r idditiont tid (din) ident dant date dates dat	11 ABIB1 11611 AB11A	, 11010 0111 1001
2326 PINE RIDGE ROAD NAPLES FL 33920 3410 9 2326 PINE RIDGE ROAD NAPLES FL 33920 3410 9				7		DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
						01/06/1998		
2. Principal Pla	2a. Mailing Address	0. 05			4. FEI Number	Ar	pplied For	
$\frac{1}{21}$ 132	6 PINE RIDGE RI	V = 26 2326 line	KID	GE RI	y	65- <i>07695</i>	No	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27						5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 NAPLES, FL. 28 NAPLES, F				١,		6. Election Campaign Financing Trust Fund Contribution	rust Fund Contribution Added to Fees	
24 34109 25 USA 29 34109 30				ry 		This corporation owes the current year Personal Property Tax.	Yes	EuŃo
	9. Name and Address of Curr	rent Registered Agent		41		10. Name and Address of New Registere	a Agent	
000	DODATION OFFICE COMPAN	IV.	8	1 Name	VID	GINIA WATKINS - NEU	USOWIE	,
CORPORATION SERVICE COMPANY				2 Street A	Addres	s (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET				<i>[2</i>	<i>5</i> 4.1	83 BAHIA LANE.	<u> </u>	
IALL	AHASSEE FL 32301-2525		8	3				1
			8	4 City		<u> </u>	. 85 Zin	(U전)
				" F	T_{τ}	MYERS F	L 33	<u> </u>
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes,	the abo	ve-named o	corpor	ation submits this statement for the purpose	of changing its	s 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 [amiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
	· / · / ·	- M	7/:		-1	Jothen - Theirson	0 3-	5-99
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (NOTE: Re	gistered A	ent signature re	quired w	helf reinstating) DATE		
12.	OFFICERS	AND DIRECTORS	131/			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DELETE 1.1		1.1 TITLE		PR	RESIDENT RGINIA WATKINS-NEWSON	☐ Change	Addition
NAME	12			E	VII	AGINIA WAIKINS -NEWS.	<i>-</i>	}
STREET ADDRESS	1.3		1.3 STRE	ET ADDRESS	15	283 BAHIA LANE		
CITY-ST-ZIP	<u> </u>		1.4 CITY	ST-ZIP	FT	- MYERS, FL - 33908		
TITLE		☐ DELETE	2.1 TITLE	•	V I	CF PRESIDENT	☐ Change	☐ Addition }
NAME			2.2 NAMI	E		NALD J. NEWSOME	•	į
STREET ADDRESS	2.3		2.3 STRE	2.3 STREET ADDRESS 15		283 BAHIA LANE		ì
CITY-ST-ZIP	2.			-ST-ZIP	FT	- MYERS, FL- 33908		
TITLE	☐ DELETE 3.		3.1 TITLE				Change	☐ Addition
NAME			3.2 NAM	E])
STREET ADDRESS			33 STRE	ET ADDRESS				
CITY-ST-ZIP		ļ	3.4. CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NAW	IE.				
STREET ADDRESS		ļ	4.3 STRE	ET ADDRESS	i			}
CrTY-ST-ZIP		:	4.4 CITY	l				
TITLE		DELETE	5.1 TITLE				Change	☐ Addition
NAME			5.2 NAM	E		·		Ι.
STREET ADDRESS		1	5.3 STRE	ET ADDRESS				1
CITY-ST-ZIP			5.4 CITY	-ST-ZIP				{
TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME		_	6.2 NAM	E		·		1
ĺ				ET ADDRESS	l			{
STREET ADDRESS			ŀ	-ST-7!P				

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.