

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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90077 044 ***150.00

02/26/99

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000031794

1. Corporation Name
BETH CORIE DESIGNS, INC.

Principal Place of Business 5358 SW 34TH TERRACE HALLANDALE FL 33312	Mailing Address 5358 SW 34TH TERRACE HALLANDALE FL 33312
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>5358 SW 34th TERRACE</u> Suite, Apt. #, etc. 22 City & State 23 <u>Hollywood, FL</u> Zip 24 <u>33312</u> 25 <u>USA</u>	2a. Mailing Address 26 <u>5358 SW 34th TERRACE</u> Suite, Apt. #, etc. 27 City & State 28 <u>Hollywood, FL</u> Zip 29 <u>33312</u> 30 <u>USA</u>
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3. Date Incorporated or Qualified <u>04/07/1998</u>	Applied For <input type="checkbox"/> Not Applicable
4. FEI Number <u>65-0832871</u>	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DIAMOND, KEITH D
46 SW FIRST STREET
FOURTH FLOOR
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name <u>FRIEDMAN, ALBERT</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>5358 SW 34th TERRACE</u>
83
84 City <u>Hollywood</u> FL 85 Zip Code <u>33312</u>

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 Albert Friedman DATE 1/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DVS	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, ALBERT	
STREET ADDRESS	5358 SW 34TH TERRACE	
CITY-ST-ZIP	HALLANDALE FL 33312	
TITLE	DPT	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, BETH	
STREET ADDRESS	5358 SW 34TH TERRACE	
CITY-ST-ZIP	HALLANDALE FL 33312	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: Albert Friedman DATE 1/15/99 (954) 883-8834

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)