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

DOCUMENT # P98000031794

1. Corporation Name

BETH CORIE DESIGNS, INC.

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90077 044 ***150.00



Principal Place	of Business	Mailing Address				\$111 01111 1110	1 11811 18818	
5358 SW 34TH TERRACE 5358 SW 34TH TERRACE								
HALLANDALE FL 33312 HALLANDALE FL 33312					DO NOT WRITE IN THIS SPACE			
					3. Date incorporated or Qualifed			
					04/07/1998		•	ļ
Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
21 5358 SW 344 TERNACE 26 5358 SW 3			34 st Teneacr		65-0832871		No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certifcate of Status Desired	7	\$8.75	I
22 27					3. Certificate of Status Desired		Fee Re	quired
City & State City & State			C		6. Election Campaign Financing		\$5.00	
23 Harywood, R 28 Harywood			<u>, h</u>		Trust Fund Contribution		Added t	o Fees
Zip	Country	·	Dountry בול A		8. This corporation owes the current			No
24 53	312 25 USA	29 7 3331 30	מנט		Personal Property Tax. 10. Name and Address of New Reg			PSJ I V O
	9. Name and Address of Currer	it Registered Agent	81	Name		istered Ag	<u> </u>	
DIAM	iond, keith d				FRIÐMAN, ALBORT			
46 SW FIRST STREET				Street Addre	ess (P.O. Box Number is Not Acceptable	DRIACE	_	1
	RTH FLOOR		83		3336 3W 37- C	B CCUCE		
	AI FL 33130							
			84	City	1/2	FL	85 Zip (Code
11 Purcuent	to the provisions of Sections 607 050	22 and 607 1508 Florida Statutes the	e above-r	amed come	Processing the purpose of the purpos		<u>در</u> anging its	registered
office or r	egistered agent, or both, in the State	of Florida. Such change was authorized	zed by th	e corporatio	n's board of directors. I hereby accept the	ie appointm	ent as re	gistered
agent. I a	m familiar with and accept the obliga	tions of, Section 607.0505, Florida S	itatutes.			مواسال		
SIGNATURE	Signature, typed or printed name of registered age:	pt and title if applicable (NOTE, Registe	ered Agent s	ionature required	when reinstating)	DATE DATE		Ì
12.			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12
TITLE	DVS	☐ DELETE 1.	.1 TITLE] Change	☐ Addition
NAME	FRIEDMAN, ALBERT	1.	.2 NAME					
STREET ADDRESS	5358 SW 34TH TERRACE	1.	.3 STREET A	ODRESS				
CITY-ST-ZIP	HALLANDALE FL 33312	1.	.4 CITY-ST-2	IP				
TITLE	DPT	☐ DELETE 2.	.1 TITLE		•		_ Change	☐ Addition
NAME	Friedman, Beth	2.	.2 NAME		•			į
STREET ADDRESS	5358 SW 34TH TERRACE	2.	.3 STREET A	ODRESS				
CITY-ST-ZIP	HALLANDALE FL 33312	2.	. 4 CITY-ST-	ZIP	. · · · · ·			
TITLE		☐ DELETE 3.	.1 TITLE			[] Change	☐ Addition
NAME		3.	.2 NAME					
STREET ADDRESS		3.	.3 STREET A	ODRESS				
CITY-ST-ZIP			.4. CITY-ST-	ZIP				
TITLE		☐ DELETE 4.	.1 TITLE				_ Change	☐ Addition
NAME		4.	2 NAME					.
STREET ADDRESS		4.	.3 STREET A	ODRESS				
CITY-ST-ZIP			4 CITY-ST-2	IP			7 Channa	Addition
TITLE		1	.1 TITLE] Change	Addition
NAME			2 NAME	200000				,
STREET ADDRESS			3 STREET A					
CITY-ST-ZIP			4 CITY-ST-2	:IP			T Change	Addition
TITLE			.1 TITLE			L] Change	_` vooinou
NAME		1	2 NAME					1
STREET ADDRESS			.3 STREET A					
CITY-ST-ZIP		6.	4 CITY-ST-2	36				

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: