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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

313134 **DOCUMENT #** 1. Corporation Name

(9)

BARDINELLA	DESIGNS,	INC.
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Principal Place of Business

Maing Address

5835 RAVENSWOOD RD.

5835 RAYENSWOOD RD.



F1. LAUUEN	UALE FL 33312	FT. LAUDERDALE FL 3	3312					
						3. Date incorporated or Qualified 01/30/1967	3a. Date of La 10/02	, , , , , , , , , , , , , , , , , , ,
2. Principal Pla	ace of Business	2a. Mailing Address	-41. ///			4. FEI Number	<u> </u>	Applied For
21		26				59-1163220		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		.75 Additional see Required
City & State	9	City & State				6. Election Campaign Financing		5.00 May Be
23		28	1 0			Trust Fund Contribution	A	dded to Fees
Ζφ 24	Country 25	Z _{[p}	<u> </u>	ountry		B. This corporation has liability for Florida Statutes Yes	intangible tax unde	ers 199.032,
24]	9. Name and Address of Current		30			10. Name and Address of New R		
				81	Name	10. 1141110 1110 1100 000 01 1100 11	ogistores Agent	
MADCE	LENE PLATI							
	AVENWOOD RD			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)	
	IDERDALE FL 33312			83				
II. DAU	DEFIDALE 1 C 33312							
1				84	City		FI 85	Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statute:	s. the al	bove-r	named corpor	ration submits this statement for the pur		its registered office
or register	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	a. Such change was authorize	d by the	e corp	oration's boar	rd of directors. I hereby accept the app	ointment as regist	ered agent. I am
	er, arts accept the congations of, accept	ni 607.000, Florida Bizilutes.						
SIGNATURE	Signature, typed or printed name of regulatered agent a	rid title if a policable (NOT	t Hegisler	red Ager	nt signature required	d when reinstating)	DATE	
12.	OFFICERS AND		13			ADDITIONS/CHANGES TO OFF	ICERS AND DIRE	CTORS IN 12
TILLE	PD	DELETE	1 .	1 TITLE			Char	nge 🔲 Addition
NAME	MARCELENE PLATI		12	NAME				
SPREET ADDRESS	5835 RAVENSWOOD RD.		1.3	STREET	ADDRESS			
City - St - Zif	FT. LAUDERDALE FL		1.4	CITY-S	7 - ZIP			
TITLE	VS	DELETE	2	TITLE			Char	ige 🔲 Addition
NAMÉ	STEAD, SUSAN PLATI		22	NAME				
STREET ADDRESS	5835 RAVENSWOOD RD.		23	STREET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4	DITY-S	T-ZiP			
TrīLE	T	DELETE	3	1 TITLE		71/ V 1 / W	[] Char	nge 🔲 Addition
NAM:	Plati, Stephen		3 2	NAME				
STREET ADDRESS	5835 RAVENSWOOD RD.		33	STREE	r address			
CiTY - S1 - ZiF	FT. LAUDERDALE FL		3.4	CITY-S	T - ZIF			
TITLE		DELETE	4	1 TITLE			☐ Char	ige 🔲 Addition
NAME			42	NAME				
STREET ADDRESS			43	STREET	address			
CITY - ST - ZIP			4.4	CITY-S	T - ZIP			
TITLE		DELE TE	5	TITLE			☐ Char	ige 🔲 Addition
N4ME			5.2	NAME				ł
STREET ADDRESS			5.3	STREET	ADDRESS			
CITY - ST-ZIP			5.4	CITY-S	r-zie			
Tituf		DELE TE		1 TITLE			[] Char	nge 🔲 Addit:on
NAME			6.2	NAME				
STREET ADDRESS			6.3	STREET	ADDRESS			
CITY - ST - ZIP			6.4	CITY-S	T - ZIP			
	·							

14. I do hereby cert fy that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 chapter 607, or on an attachment with an analysis.

SIGNATURE:

02/09/96 954-981-3434