

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

**FILED**

**Jan 29 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # 313134 (9)**  
1. Corporation Name  
**BARDINELLA DESIGNS, INC..**



Principal Place of Business  
**5835 RAVENWOOD RD.  
FT. LAUDERDALE FL 33312**

Mailing Address  
**5835 RAVENWOOD RD.  
FT. LAUDERDALE FL 33312-6629**

3. Date Incorporated or Qualified  
**01/30/1967**

3a. Date of Last Report  
**04/26/1996**

2. Principal Place of Business 21 <b>5910 Quiet Oak Lane</b>	2a. Mailing Address 26 <b>5910 Quiet Oak Lane</b>	4. FEI Number <b>59-1163220</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State <b>Ft. Lauderdale FL</b>	28 City & State <b>Ft. Lauderdale FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip <b>33312</b>	25 Country	29 Zip	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>MARCELENE PLATI 5835 RAVENWOOD RD FT. LAUDERDALE FL 33312</b>		10. Name and Address of New Registered Agent	
81 Name	<b>Same as Block 9.</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>5910 Quiet Oak Lane</b>		
83			
84 City	<b>Ft. Lauderdale</b>	85 Zip Code	<b>FL 33312</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE	PD <b>MARCELENE PLATI 5835 RAVENWOOD RD. FT. LAUDERDALE FL</b>	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	<b>5910 Quiet Oak Lane</b>
CITY - ST - ZIP		1.4 CITY - ST - ZIP	<b>Ft. Lauderdale FL 33312</b>
TITLE <input type="checkbox"/> DELETE	VS <b>STEAD, SUSAN PLATI 5835 RAVENWOOD RD. FT. LAUDERDALE FL</b>	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	<b>5910 Quiet Oak Lane</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>Ft. Lauderdale FL 33312</b>
TITLE <input type="checkbox"/> DELETE	T <b>PLATI, STEPHEN 5835 RAVENWOOD RD. FT. LAUDERDALE FL</b>	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<b>5910 Quiet Oak Lane</b>
CITY - ST - ZIP		3.4 CITY - ST - ZIP	<b>Ft. Lauderdale FL 33312</b>
TITLE <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Marcelene Plati* **01/22/97** **954-939-3839**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)