Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90006 034 \*\*\*150.00

## 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 # 313134

BARDINELLA DESIGNS, INC...

Principal Place	Mailing Address	ddress							
5910 QUIET OA FT. LAUDERDAI US		5910 QUIET OAK LANE FT. LAUDERDALE FL 33312 US		DO NOT WRITE IN THI	S SPACE				
00						3. Date Incorporated or Qualifed 01/30/1967			
<del></del>	lace of Business	2a. Mailing Address				4. FEI Number 59-1163220	<u> </u>	pplied For of Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75 Additional		
22		27				5. Certifcate of Status Desired	3	equired	
City & State	e	City & State				6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip	Country	Zip	Coun	try		8. This corporation owes the current year I	ntangible		
24	25	29 30				Personal Property Tax.	☐Yes	□No	
	9. Name and Address of Currer	nt Registered Agent				10. Name and Address of New Registere	d Agent		
MAD	CELENE PLATI		1	81	Name				
	QUIET OAK LANE		1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
FT. l	LAUDERDALE FL 33312		1	83		1,000			
			1	84	City	F	85 Zip	Code	
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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
12.	PD OFFICERS AN	DELETE	1.1 TITL	F		ADDITIONS/CITANGES TO OTT ICENS	Change	Addition	
TITLE NAME	MARCELENE PLATI	1.2 N							
STREET ADDRESS					ADDRESS				
CITY-\$T-ZIP	FT. LAUDERDALE FL	• • •		/-ST-					
TITLE	VS	☐ DELETE	2.1 TITLE		Z.ii		☐ Change	☐ Addition	
NAME	STEAD, SUSAN PLATI		2.2 NAME						
STREET ADDRESS			2.3 STR	EETA	ADDRESS				
CITY-ST-ZIP			2.4 CIT	Y-ST-	- ZIP				
TITLE	T	☐ DELETE 3.1 T		E			☐ Change	Addition	
NAME	PLATI, STEPHEN	,	3.2 NA					ł	
STREET ADDRESS	00.0 00.0.0 0.0.0		3.3 STR	EETA	ADORESS				
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4. CIT		-ZIP			□ 5 delition	
TITLE		☐ DELETE	4.1 TITL	_			☐ Change	Addition	
NAME			4. 2 NAA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		□ DECETE	4.4 CITY		ZIP		☐ Change	☐ Addition	
TITLE		☐ DELETE	5.1 TITL 5.2 NAM				Change	C Addition	
NAME					ADDRESS				
STREET ADDRESS			5.4 CITY		ļ				
CITY-ST-ZIP		DELETE	6.1 TITL		ZH"		Change	Addition	
TITLE			6.2 NAM					lead - Market	
NAME			,		ADDRESS			}	

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 life empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP