FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **404918** **(5)**

1. Corporation Name

DESIGN & ADMINISTRATION CORPORATION

Principal Place of Business	Mailing Address
215 GRAND CONCOURSE MIAMI SHORES FL 33138 US	P O BOX 159 FLGLER BCH FL 32138 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/13/1972**
3a. Date of Last Report: **03/16/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: **59-1407654** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / Country — 25 / Zip — 29 / Country — 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZESKIND,SHIRLEY
215 GRAND CONCOURSE
MIAMI SHORES FL 33153

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code **33138**

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: Shirley Zeskind — SHIRLEY ZESKIND, PRESIDENT — 2/16/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when executing — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE	P, D	☒ Change ☐ Addition
NAME	ZESKIND,SHIRLEY	12 NAME		
STREET ADDRESS	215 GRAND CONCOURSE	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	14 CITY-ST-ZIP		
TITLE	STSD	21 TITLE	S,T,D	☒ Change ☐ Addition
NAME	ZESKIND,STANLEY	22 NAME		
STREET ADDRESS	215 GRAND CONCOURSE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	ZESKIND, PHILIP	32 NAME		
STREET ADDRESS	610 ROSE AVE	33 STREET ADDRESS	507 FLOYD ST	
CITY-ST-ZIP	BLACKSBURG VA	34 CITY-ST-ZIP	BLACKSBURG VA 24060	
TITLE	VD	41 TITLE		☐ Change ☐ Addition
NAME	ZESKIND, LEONARD	42 NAME		
STREET ADDRESS	5054 MAIN ST #729	43 STREET ADDRESS		
CITY-ST-ZIP	KANSAS CITY MO	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stanley Zeskind — STANLEY ZESKIND, SECRETARY — 2/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04408764 FP