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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

404918

(5)

DESIGN & ADMINISTRATION CORPORATION Principal Place of Business Mailing Address 215 GRAND CONCOURSE P O BOX 159 MIAMI SHORES FL 33138 FLGLER BCH FL 32136 US					
				3. Date Incorporated or Qualified 07/13/1972	3a. Date of Last Report 02/27/1995
2. Principal Pla		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #	LAMBERT HUE	Suite, Apt. #, etc.		59-1407654	Not Applicable \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 мау Ве
23 FLAGI		28	0	Trust Fund Contribution	Added to Fees
321	36 25 FLAGLER	Zip 29	Country 30	This corporation has liability for the Florida Statutes Florida Statutes	intangible tax under s 199.032, ☐ No
	9. Name and Address of Current		50]	10. Name and Address of New R	
			81 Name		
ZESKIND, SHIRLEY			82 Street Addir	ess (P.O. Box Number is Not Acceptab	ile)
215 GRAND CONCOURSE		990	990 LAMBERT AVE		
S-IMAIM	HORES FL 33153		83		
			84 CIV 0 C I	ER BCH	FL 85 Zio Code 3/2
	of page 4 as back in the Caste of Clarital			end to be be been been been been been been be	poso or orlanging its registered billes
SIGNATURE	so agent, or both, in the state of Florida, n, and accept the obligations of, Soction Slively Sleeke Significantly, typed or print nan 1 registered agent an	9 507.0505, Florida Statutes.	by the corporation's boar Registered Apent signature require	ation submits this statement for the pur of of directors. I hereby accept the appo	Dintrinent as registered agent. I am
SIGNATURE	a, and accept the colligations of, Social Survey States of Social States of Social States of Social States of Social Soci	o trile if applicable (NOTE:	RLEY ZESKIA	ud. Pres.	4/17/96
SIGNATURE 3	f, and accept the colligations of, Societies Survive, typod or prigod nan for regelered agent an OFFICERS AND I PO	1 607.0505, Florida Statutes. 3 H J d title if applicable (NOTE:	RUEY ZESKIA Registered/opent signature require	ud, PRES.	4/17/96
SIGNATURE 11.	Agriculture, typod or prigod nan Ler regeltered agent an OFFICERS AND I PO ZESKIND, SHIRLEY	o trile if applicable (NOTE:	REST ZESKIA Registered gent signature requires 13. 1. 1 TITLE 1.2 NAME	d PRES (of wheat reinstating) ADDITIONS/CHANGES TO OFF	UATE DATE IN 12
SIGNATURE 12. HILE NAME SIREFI ADDRESS	PD ZESKIND,SHIRLEY 215 GRAND CONCOURSE	o trile if applicable (NOTE:	Registered gent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ud Pres. additions/changes to off Additions/changes to off O Lambert Aug	DATE DATE DEPT AND DIRECTORS IN 12 Change Addition
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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 cath; 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:

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPEO OR PRINTED MILE OF SIGNING OFFICER OR DIRECTOR

3R2E034 (12/95)