

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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
FLAGLER BCH FL 32136
US

3. Date Incorporated or Qualified
07/13/1972

3a. Date of Last Report
02/27/1995

2. Principal Place of Business
21 990 LAMBERT AVE.

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 FLAGLER BEACH

28 City & State

24 Zip

25 Country

29 Zip

30 Country

32136

FLAGLER

32136

32136

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZESKIND, SHIRLEY
215 GRAND CONCOURSE
MIAMI SHORES FL 33138

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

990 LAMBERT AVE

83

84

FLAGLER BCH

FL

85 Zip Code

32136

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, PRES.

4/17/96

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

TITLE PD ☐ DELETE
NAME ZESKIND, SHIRLEY
STREET ADDRESS 215 GRAND CONCOURSE
CITY-ST-ZIP MIAMI SHORES FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 990 LAMBERT AVE
1.4 CITY-ST-ZIP FLAGLER BCH, FL 32136

TITLE STD ☐ DELETE
NAME ZESKIND, STANLEY
STREET ADDRESS 215 GRAND CONCOURSE
CITY-ST-ZIP MIAMI SHORES FL

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 990 LAMBERT AVE
2.4 CITY-ST-ZIP FLAGLER BCH FL 32136

TITLE VD ☐ DELETE
NAME ZESKIND, PHILIP
STREET ADDRESS 507 FLOYD ST.
CITY-ST-ZIP BLACKBURG VA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME ZESKIND, LEONARD
STREET ADDRESS 5054 MAIN ST #729
CITY-ST-ZIP KANSAS CITY MO

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 changed, or on an attachment with an address.

SIGNATURE:

Stanley Zeskind

STANLEY ZESKIND, Secty 4/17/96

904-517-2554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)