

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

FILED  
Apr 19, 1999 8:00 am  
Secretary of State

04-19-1999 90102 016 \*\*\*150.00

DOCUMENT # 404918

1. Corporation Name

DESIGN & ADMINISTRATION CORPORATION

Principal Place of Business

990 LAMBERT AVE  
FLGLER BCH FL 32136  
US

Mailing Address

P O BOX 159  
FLGLER BCH FL 32136  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1972

4. FEI Number

59-1407654

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

ZESKIND, SHIRLEY  
990 LAMBERT AVE  
FLGLER BCH FL 32136

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

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

TITLE PD ☐ DELETE  
NAME ZESKIND, SHIRLEY  
STREET ADDRESS 990 LAMBERT AVE  
CITY-ST-ZIP FLGLER BCH FL

TITLE STD ☐ DELETE  
NAME ZESKIND, STANLEY  
STREET ADDRESS 990 LAMBERT AVE  
CITY-ST-ZIP FLGLER BCH FL

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

TITLE VD ☐ DELETE  
NAME ZESKIND, LEONARD  
STREET ADDRESS 6300 MAIN ST, 510  
CITY-ST-ZIP KANSAS CITY MO

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS 4860 SOUTH HILL VIEW  
3.4 CITY-ST-ZIP CHARLOTTE NC 28210

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 4051 BROADWAY #3  
4.4 CITY-ST-ZIP KANSAS CITY MO 64111

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SHIRLEY ZESKIND  
PRES

1/31/99

904-517-2554

CR2E034 (11/98)