FILED

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 679652

1. Corporation Name

E S E DESIGNS INC.						
Principal Place	of Business	Mailing Address				T I DEBUTE BUIKT TORNE TORNE ORRUP ORRUP THOU OTHER DEBUT BERTY AREA DARIN DEBUT SERV
2460 NW 17 LANE. BAY #1 2460 NW 17 LN BAY #1						
POMPANO BEACH FL 33065 POMPANO BEACH FL 33			55			DO NOT WRITE IN THIS SPACE
US		US	•			3. Date Incorporated or Qualifed
						07/24/1980
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
26						59-2015481 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional Fee Required
22	27					ree required
	City & State City & State					6. Election Campaign Financing \$5.00 May Be. Trust Fund Contribution Added to Fees
23	Country Zip Co			ntry		
Zip	Country		30	i iti y		8. This corporation owes the current year Intangible Personal Property Tax. Yes No
24	25 Name and Address of Current		30]	Π		10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				81	Name	
GROSS, MR. ERROL						
2460 N.W. 17TH LANE				82	Street	Address (P.O. Box Number is Not Acceptable)
POMPANO BEACH FL 33064				83		
						log 7 to Code
				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	•				_	e required when reinstating) DATE
	Signature, typed or printed name of registered agen OFFICERS AN		13.	Agen	it signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	ST	DELETE	1.1 Π	TLE		Change Addition
NAME	GROSS, KAREN	_	1.2 NAME			
STREET ADDRESS	THE POLICE PARTY PARTY		1		ADORESS	s
CITY-ST-ZIP	CODAL CODINCE EL COCCO			TY-\$1		
TITLE	051312 07131100,1.2 0	☐ DELETE	2.1 TI			☐ Change ☐ Addition
NAME	د معطمتهمایت پرسود د د پریان د	-	22 N	AME		
STREET ADDRESS			2.3 ST	TREET	ADDRESS	s
CITY-ST-ZIP			2.4 C	ITY-S	T-ZIP	
TITLE	DELETE 3.11		3.1 77	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS			33 STREE		ADDRESS	s
CITY-ST-ZIP				3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 N	AME		}
STREET ADDRESS			4 3 S	reet	ADDRESS	s
CITY-ST-ZIP			4.4 CI	TY-\$1	T-ZIP	
TITLE		☐ DELETE	5.1 TI			☐ Change ☐ Addition
NAME			5.2 N	AME		

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 receives of rustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

G-ROSS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ Change

Addition