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 MAY -1 AM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **695332** **(7)**

1. Corporate Name
WILD FANTASY DESIGNS, INC.

Principal Place of Business	Mailing Address
11030 WILES RD. CORAL SPGS FL 33076	11030 WILES RD. CORAL SPGS FL 33076

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 | Suite, Apt # etc. 22 | City & State 23 | Zip 24 | Country 25
2a. Mailing Address — 26 | Suite, Apt # etc. 27 | City & State 28 | Zip 29 | Country 30

3. Date Incorporated or Qualified: **07/13/1981**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2452876** ☐ Applied For ☐ Not Applicable
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
AARON, SUSAN ~~5091 N.W. 82 TERR.~~ ~~CORAL SPGS. FL 33067~~	81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 5851 Holmberg Rd. #121 83 84 City: Parkland FL 85 Zip Code: 33067

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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VS NAME: FREEDMAN, JESSICA STREET ADDRESS: ~~5091 NW 82ND TERRA<CE~~ CITY-ST-ZIP: ~~CORAL SPRINGS FL~~	☑ Change ☐ Addition 1 TITLE 1 NAME 1 STREET ADDRESS: 5851 Holmberg Rd. #121 1 CITY-ST-ZIP: Parkland, FL 33067
TITLE: PT NAME: AARON, SUSAN B. STREET ADDRESS: ~~5091 N.W. 82 TERR.~~ CITY-ST-ZIP: ~~CORAL SPGS. FL~~	☑ Change ☐ Addition 2 TITLE 2 NAME 2 STREET ADDRESS: 5851 Holmberg Rd. #121 2 CITY-ST-ZIP: PARKLAND, FL. 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 6 TITLE 6 NAME 6 STREET ADDRESS 6 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)(n), 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: S B Aaron — SUSAN B. AARON — 4/28/95 — 305-755-5999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0119181 CP