

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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12: 22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**



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

DOCUMENT # F86274

1. Corporation Name

Diana Designs, Ltd., Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 9a. Date of Last Report

06/22/82

2. Principal Place of Business

2a. Mailing Address

21 25 South "H" St

26

Suite, Apt. #, etc

Suite, Apt. #, etc

23 City & State

Lake Worth, FL

28 City & State

24 Zip

Country

33460

29 Zip

Country

30

4. FEI Number

23-2003119

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 § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Steven B. Dolchin P.A.  
4330 Sheridan St # 202 B  
Hollywood, FL 33021

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 his or her applicant)

(if 11) Registered Agent signature (required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: President  
NAME: Sharon Eidelson  
STREET ADDRESS: 25 South "H" Street  
CITY ST ZIP: Lake Worth FL 33460

1. TITLE  Change  Addition  
2. NAME  
3. STREET ADDRESS  
4. CITY ST ZIP

TITLE: Vice Pres  
NAME: Jeffrey Marcus  
STREET ADDRESS: 25 South "H" St  
CITY ST ZIP: Lake Worth FL 33460

7. TITLE  Change  Addition  
7. NAME  
8. STREET ADDRESS  
9. CITY ST ZIP

TITLE: SDT  
NAME: Robert A. Burger  
STREET ADDRESS: 25 South "H" St  
CITY ST ZIP: Lake Worth FL 33460

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-05/12/95--01015--004  
\*\*\*\*200.00 \*\*\*\*200.00  
10. TITLE  Change  Addition  
11. NAME  
12. STREET ADDRESS  
13. CITY ST ZIP

TITLE: NAME: STREET ADDRESS: CITY ST ZIP:

14. TITLE  Change  Addition  
15. NAME  
16. STREET ADDRESS  
17. CITY ST ZIP

TITLE: NAME: STREET ADDRESS: CITY ST ZIP:

18. TITLE  Change  Addition  
19. NAME  
20. STREET ADDRESS  
21. CITY ST ZIP

TITLE: NAME: STREET ADDRESS: CITY ST ZIP:

22. TITLE  Change  Addition  
23. NAME  
24. STREET ADDRESS  
25. 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:  Sharon Eidelson 5/8/95 405-587-3221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Initial Here)