

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000529 (8)

1. Corporation Name
DESCRIBE, INC.



Principal Place of Business

4820 BAYSHORE DR.
SUITE D
NAPLES FL 33963

Mailing Address

4820 BAYSHORE DR.
SUITE D
NAPLES FL 33963

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 33962

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 33962

29 Country

3. Date Incorporated or Qualified
01/15/1993

3a. Date of Last Report
04/24/1995

4. FEI Number

68-0175055

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

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

LENNANE, JAMES P
4820 BAYSHORE DR.
SUITE D
NAPLES FL 33962

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 the date of signature

Initials of Registered Agent Signature required when first filing

DATE

12. OFFICERS AND DIRECTORS

TITLE DC
NAME LENNANE, JAMES P
STREET ADDRESS 4820 BAYSHORE DR., STE. D
CITY-STATE-ZIP NAPLES FL 33962

TITLE DVCP
NAME KATZEN, ALLAN R
STREET ADDRESS 4775 VISTA DRIVE
CITY-STATE-ZIP LOOMIS CA

TITLE D
NAME CATCHOT, JAMES S
STREET ADDRESS 3880 SEAPORT BLVD.
CITY-STATE-ZIP SACRAMENTO CA 95691

TITLE TS
NAME BYOUK, BETTE
STREET ADDRESS 4820 BAYSHORE DRIVE SUITE D
CITY-STATE-ZIP NAPLES FL

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Bette Byouk

Bette Byouk Treasurer

4-24-96 (941) 732-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

REGISTRATION FEE

CR2E034 (12/95)