

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 07, 1999 8:00 am  
Secretary of State

04-07-1999 90091 022 \*\*\*150.00

DOCUMENT # F94000002239

1. Corporation Name

GABRIELLE DESIGN, INC.

Principal Place of Business  
3951 GULFSHORE BLVD NORTH  
APT 102  
NAPLES FL 34102  
US

Mailing Address  
9517 GULFSHORE DR NORTH  
SUITE 401  
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1994

4. FEI Number

38-3104994

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 PC  
NAME RUNZA-MARVIN, GABRIELLA  
STREET ADDRESS 200 TURWILL LANE STE 101  
CITY-ST-ZIP KALAMAZOO MI

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

6.1 TITLE  
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: *Gabrielle Runza Marvin* GABRIELLE RUNZA MARVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)

0458009

**KIM A. BURKEY**

**CERTIFIED PUBLIC ACCOUNTANT**

4976 FOREST CREEK DRIVE

KALAMAZOO, MI 49009

616 - 375-5484

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30237890091-22

INSTRUCTIONS FOR FILING

TAX RETURNS

TAXPAYERS NAME GABRIELLE DESIGN

FORM:

- ☐ 941 (Federal FICA and withholding)  
☐ MESC 1020 (Michigan unemployment)  
☐ C-3200 (Michigan sales, use, SBT, and withholding)  
☒ Other FL FRANCHISE

MAIL ON OR BEFORE 4/30/97 \$ 150.<sup>00</sup> payable in full

- ☐ No payment required  
☐ \$ \_\_\_\_\_ should be refunded

THE RETURN SHOULD BE SIGNED BY AN OFFICER OR OWNER WHERE INDICATED ON FORM

THE RETURN AND REMITTANCE, IF ANY, SHOULD BE:

PAYABLE TO:

MAILED TO: ENVELOPE

☐ Internal Revenue Service

☐ Internal Revenue Service  
Cincinnati, Ohio 45999-0005

☐ The State of Michigan

☐ National Bank of Detroit  
Department 77802  
Detroit, Mi 48277

☐ MESC

☐ MESC TAX FORM AND YOUR CHECK TO:

MESC  
P.O. Box 33598  
Detroit, Mi 48232-5598

☐

MESC EMPLOYEE LIST TO:

MESC  
IEVS - Benefits Section  
P.O. Box 9052  
Detroit, Mi 48202-9052

REMARKS \_\_\_\_\_  
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