

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004235 (7)

1. Corporation Name

CORAGGIO DESIGN, INC.

Principal Place of Business

P.O. BOX 3332
BELLEVILLE WA 98009
BELLEVUE

Mailing Address

P.O. BOX 3332
BELLEVILLE WA 98009
BELLEVUE

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1994

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

24

2b. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

29

30

4. FEI Number

91-1050634

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 quality for information fee under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301**

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)

(If 301, 400 required; typed signature required after verification)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

PS

**ALBERT, ROBERT M
1750 132ND AVE. NE
BELLEVUE WA 98005**

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

V

**ALBERT, JUDITH
1750 132ND AVE. NE
BELLEVUE WA 98005**

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied on this form is voluntarily furnished and does not comply for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information contained 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 prosecute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Albert / RAL

4.20.95 (206)

Date

Signature Number