

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 11, 1999 8:00 am
Secretary of State

05-11-1999 90044 026 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002588

1. Corporation Name
THE DESIGNORY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**211 E. OCEAN BLVD.
STE 100
LONG BEACH CA 90802-4809
US**

Mailing Address
**211 E OCEAN BLVD
STE 100
LONG BEACH CA 90802-4809
US**

3. Date Incorporated or Qualified

05/26/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

95-2795651

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HKES&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR.
SUITE 600
MIAMI FL 33133**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TSD** ☐ DELETE
NAME **RADIGAN, MATTHEW**
STREET ADDRESS **229 SAINT JOSEPH AVE**
CITY-ST-ZIP **LONG BEACH CA 90803**

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

T,D ☒ Change ☐ Addition
RADIGAN, MATTHEW
229 SAINT JOSEPH AVENUE
LONG BEACH, CA 90803

TITLE **VD** ☐ DELETE
NAME **FULLER, JOEL**
STREET ADDRESS **3620 SOLANO RD**
CITY-ST-ZIP **MIAMI FL**

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

V ☒ Change ☐ Addition
FULLER, JOEL
3620 SOLANO ROAD
MIAMI, FL 33133

TITLE **V** ☐ DELETE
NAME **SALVADOR, MERAZ**
STREET ADDRESS **19202 FAIRHAVEN EXT**
CITY-ST-ZIP **SANTA ANA CA 92705**

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

V ☒ Change ☐ Addition
MERAZ, SALVADOR (TIM)
18501 AUBURN AVENUE
SANTA ANA, CA 92704

TITLE **VD** ☐ DELETE
NAME **TANCHUM, LANNON**
STREET ADDRESS **6231 MONERO DR**
CITY-ST-ZIP **RANCHO PALOS VERDES CA**

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

V ☒ Change ☐ Addition
TANCHUM, LANNON
6231 MONERO DRIVE
RANCHO PALOS VERDES, CA 90274

TITLE **PD** ☐ DELETE
NAME **HORMAN, STEVE**
STREET ADDRESS **4020 VIA OPATA**
CITY-ST-ZIP **PALOS VERDES CA**

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

P ☒ Change ☐ Addition
HORMAN, STEVE
4020 VIA OPATA
PALOS VERDES, CA 90274

TITLE **VD** ☒ DELETE
NAME **TANCHUM, LANNON**
STREET ADDRESS **5231 MONERO DR**
CITY-ST-ZIP **RANCHO PALOS VERDES CA**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW RADIGAN 4/30/99 562-432-5707

Date

Daytime Phone #

CR2E034 (1/98)

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545508-90044-26
F95 000002588

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22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

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05/26/1995

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		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		FL 85 Zip Code	

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12. OFFICERS AND DIRECTORS		13. SUPPLEMENT ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	HARRISON, TOM
STREET ADDRESS		1.3 STREET ADDRESS	36 WHIPPOORWILL CROSSING
CITY-ST-ZIP		1.4 CITY-ST-ZIP	ARMONK, NY 10504
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	WATSON, TOM
STREET ADDRESS		2.3 STREET ADDRESS	157 SPRING STREET
CITY-ST-ZIP		2.4 CITY-ST-ZIP	NEW YORK, NY 10012
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D,S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	WAGNER, BARRY
STREET ADDRESS		3.3 STREET ADDRESS	437 MADISON AVENUE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW YORK, NY 10022
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	C,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ALMQUIST, DAVID
STREET ADDRESS		4.3 STREET ADDRESS	120 MALLARD ROAD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	HAILEY, ID 83333
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	YOUNG, TRACY
STREET ADDRESS		5.3 STREET ADDRESS	1450 MORNINGSIDE DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	LAGUNA BEACH, CA 92651
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CONKLIN, RICHARD
STREET ADDRESS		6.3 STREET ADDRESS	356 CLAIREMONT AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	LONG BEACH, CA 90803

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Date

Daytime Phone #