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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **G31597** **(9)**

1. Corporation Name

R.M.J.D. DESIGNS, INC.

Principal Place of Business

1509 E LAS OLAS BLVD
FT LAUDERDALE,F L 33301

Mailing Address

PO BOX 14423
1509 E LAS OLAS BLVD
FT LAUDERDALE,F L 33302
US

3. Date Incorporated or Qualified: **04/04/1983**

3a. Date of Last Report: **06/07/1995**

4. FEI Number: **59-2294487** — 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 s. 199.032, Florida Statutes: ☒ Yes ☐ No — YES

2. Principal Place of Business

21 GRANTS FLOWERS
Suite, Apt. #, etc.
22 1509 E LAS OLAS
City & State
23 FT. LAUDERDALE
Zip 24 33301 County 25 BROWARD

2a. Mailing Address

26 PO Box 14423
Suite, Apt. #, etc.
27
City & State
28 FORT LAUDERDALE
Zip 29 33302 County 30 BROWARD

9. Name and Address of Current Registered Agent

GRANT, BETSY
2612 AURELIA PLACE
FT. LAUDERDALE FL 33301

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 Section 607.0502 and/or 617.0502, 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: Betsy Grant — 1/29/96
(Date)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, BETSY		1.2 NAME	
STREET ADDRESS	2612 AURELIA PLACE		1.3 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL		1.4 CITY, ST, ZIP	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY, ST, ZIP			2.4 CITY, ST, ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY, ST, ZIP			3.4 CITY, ST, ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY, ST, ZIP			4.4 CITY, ST, ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY, ST, ZIP			5.4 CITY, ST, ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY, ST, ZIP			6.4 CITY, ST, ZIP	

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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)(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 added, above.

SIGNATURE: Betsy Grant — 1/29/96 — 954-463-8115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — (Date) — (Daytime Phone #)

BETSY GRANT