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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

4142 ESCONDITO CIRCLE

**SARASOTA FL 34277-1633** 

2. Principal Place of Business

Suite, Apt. #, etc.

P.O. BOX 15633



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G32901

(2)

Mailing Address

P.O. BOX 15633

2a. Mailing Address

Suite, Apt. #, etc.

4142 ESCONDITO CIRCLE

**SARASOTA FL 34277-1633** 

DESIGN RESOURCES, OF SARASOTA, INC.

## FILED Mar 06 1998 8:00am Secretary of State

DO NOT WRITE IN THIS	SPACE						
3. Date Incorporated or Qualified							
04/13/1983							
4. FEI Number	Applied For						
59-2284939	Not Applicable						

5. Certificate of Status Desired

\$8.75 Additional

Zip Code

85

		[27]			1 be required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country 25	Zip <b>29</b>	30 Co.	intry	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No	
* .	9. Name and Address of Cu	rrent Registered Agent		Ī	10. Name and Address of New Registered Agent	
	MAN, STEPHEN E.			81	Name	
4142 ESCONDITO CIRCLE SARASOTA FL 34238			<b>82</b> S		Street Address (P.O. Box Number is Not Acceptable)	
				83	3	

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 bottl, 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.

City

	Signature, typed or printed name of registered agent and title if applicab	ie (NOIE-Re	ngistered Agent signature	required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE	PST	☐ DELETE	1.1 TITLE	Change	Addition
NAME	Lattmann, Stephen e		1.2 NAME		
STREET ADDRESS	4142 ESCONDITO CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 00000		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	41 TITLE	Change L	Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADORESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADORESS		
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		

14. Thereby 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 chapters or on an attachment with an address.

SIGNATURE: AND STEPHED E. LATINAND, PRES. 3/2/98 (941)972-2086

CR2E034 (10/97)