

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G46450**

(4)

1. Corporation Name

AMERICAN DESIGNS, INC.



Principal Place of Business

**125 W. MIAMI AVE.
SUITE A
VENICE FL 34285**

Mailing Address

**125 W. MIAMI AVE.
SUITE A
VENICE FL 34285**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/28/1983

3a. Date of Last Report

02/17/1995

4. FEI Number

59-2380888

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

10. Name and Address of New Registered Agent

**DICKINSON, ROBERT A.
460 SO INDIANA AVENUE
ENGLEWOOD FL 33533**

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 of Registered Agent (if not the same as the corporation's name)

Signature of Registered Agent (if not the same as the corporation's name)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE	1. TITLE ☐ Change ☐ Addition
2. NAME	2. NAME
3. STREET ADDRESS	3. STREET ADDRESS
4. CITY-ST-ZIP	4. CITY-ST-ZIP
5. TITLE	5. TITLE ☐ Change ☐ Addition
6. NAME	6. NAME
7. STREET ADDRESS	7. STREET ADDRESS
8. CITY-ST-ZIP	8. CITY-ST-ZIP
9. TITLE	9. TITLE ☐ Change ☐ Addition
10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS
12. CITY-ST-ZIP	12. CITY-ST-ZIP
13. TITLE	13. TITLE ☐ Change ☐ Addition
14. NAME	14. NAME
15. STREET ADDRESS	15. STREET ADDRESS
16. CITY-ST-ZIP	16. CITY-ST-ZIP
17. TITLE	17. TITLE ☐ Change ☐ Addition
18. NAME	18. NAME
19. STREET ADDRESS	19. STREET ADDRESS
20. CITY-ST-ZIP	20. CITY-ST-ZIP
21. TITLE	21. TITLE ☐ Change ☐ Addition
22. NAME	22. NAME
23. STREET ADDRESS	23. STREET ADDRESS
24. CITY-ST-ZIP	24. CITY-ST-ZIP
25. TITLE	25. TITLE ☐ Change ☐ Addition
26. NAME	26. NAME
27. STREET ADDRESS	27. STREET ADDRESS
28. CITY-ST-ZIP	28. CITY-ST-ZIP
29. TITLE	29. TITLE ☐ Change ☐ Addition
30. NAME	30. NAME
31. STREET ADDRESS	31. STREET ADDRESS
32. CITY-ST-ZIP	32. CITY-ST-ZIP
33. TITLE	33. TITLE ☐ Change ☐ Addition
34. NAME	34. NAME
35. STREET ADDRESS	35. STREET ADDRESS
36. CITY-ST-ZIP	36. CITY-ST-ZIP
37. TITLE	37. TITLE ☐ Change ☐ Addition
38. NAME	38. NAME
39. STREET ADDRESS	39. STREET ADDRESS
40. CITY-ST-ZIP	40. CITY-ST-ZIP
41. TITLE	41. TITLE ☐ Change ☐ Addition
42. NAME	42. NAME
43. STREET ADDRESS	43. STREET ADDRESS
44. CITY-ST-ZIP	44. CITY-ST-ZIP
45. TITLE	45. TITLE ☐ Change ☐ Addition
46. NAME	46. NAME
47. STREET ADDRESS	47. STREET ADDRESS
48. CITY-ST-ZIP	48. CITY-ST-ZIP
49. TITLE	49. TITLE ☐ Change ☐ Addition
50. NAME	50. NAME
51. STREET ADDRESS	51. STREET ADDRESS
52. CITY-ST-ZIP	52. CITY-ST-ZIP
53. TITLE	53. TITLE ☐ Change ☐ Addition
54. NAME	54. NAME
55. STREET ADDRESS	55. STREET ADDRESS
56. CITY-ST-ZIP	56. CITY-ST-ZIP
57. TITLE	57. TITLE ☐ Change ☐ Addition
58. NAME	58. NAME
59. STREET ADDRESS	59. STREET ADDRESS
60. CITY-ST-ZIP	60. CITY-ST-ZIP
61. TITLE	61. TITLE ☐ Change ☐ Addition
62. NAME	62. NAME
63. STREET ADDRESS	63. STREET ADDRESS
64. CITY-ST-ZIP	64. CITY-ST-ZIP

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)(k), 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.

SIGNATURE:

Frank J. Strnad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-96 8102381214
Date Page

CR2E034 (12/95)