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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # G78060**

THE DESIGN TEAM ASSOCIATES, INC.

## **FILED** Feb 03, 1999 8:00am **Secretary of State**

02-03-1999 90018 050 \*\*\*150.00



	<u> </u>						
Principal Place	of Business	Mailing Address					
1120 PINELLAS E	BAYWAY	1120 PINELLAS BAYWA	Υ		· ·	•	
SUITE 112 TIERRA VERDE FL 33715		SUITE 112 TIERRA VERDE FL 33715			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed		
		2a. Mailing Address			4. FEI Number	Ap	plied For
2. Principal Pla	ace of Business	<u> </u>			59-2370280	No	t Applicable
21		Suite, Apt. #, etc.	·			\$8.75	Additional
Suite, Apt. #	t, etc.	<del></del>			5. Certifcate of Status Desired	☐ Fee Re	equired
22		27 Cib. 8 State			6. Election Campaign Financing	\$5.00	May Be
City & State	•	City & State			Trust Fund Contribution	1 1 7 7	to Fees
23		28	Cour	ntry	8. This corporation owes the curre	nt vear Intangible	
Zip	Country	Zip		in y	Personal Property Tax.	☐Yes	□No
24	25	_  29	30		10. Name and Address of New Re	gistered Agent	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curren	t Registered Agent		81 Name			*
ODEE	EN CAROL	ī	ļ				<u> </u>
GHEE	EN, CAROL BRD AVE SOUTH			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole) .	
**************************************	NA VEDDE EL 22715				2 200 1 200	1771 1913 11 1818 1819	7 (1) (1) (1) (1) (1)
HERH	RA VERDE FL 33715			83			441 141
		* **		84 City		85 Zip	Code
	•					FL 👸	
<b></b>	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga				ed when reinstating)	DATE	
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable.			ed when reinstating)  ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN		NOTE: Registered	Agent signature require	ed when reinstating)	DATE	ORS IN 12
SIGNATURE  12.  TITLE	Signature, typed or printed name of registered age:  OFFICERS AN	nt and title if applicable.	NOTE: Registered	Agent signature require	ed when reinstating)	DATE ICERS AND DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN PD GREEN, CAROL	nt and title if applicable.	NOTE: Registered  13. E 1.1 TI  1.2 N	Agent signature require	ed when reinstating)	DATE ICERS AND DIRECT	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS	Signature, typed or printed name of registered ager OFFICERS AN PD GREEN, CAROL 874 3RD AVE S	nt and title if applicable.	NOTE: Registered  13. E 1.1 TI  1.2 N  1.3 S	Agent signature require  TLE  MME  TREET ADDRESS	ed when reinstating)	DATE FICERS AND DIRECTI Change	ORS IN 12
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SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered ager OFFICERS AN PD GREEN, CAROL 874 3RD AVE S	nt and title if applicable.  ND DIRECTORS  DELET	NOTE: Registered  13. E 1.1 TI 1.2 N/ 1.3 S1 1.4 Cl	Agent signature require  TLE  WME  TREET ADDRESS  TY-ST-ZIP  TLE	ed when reinstating)	DATE FICERS AND DIRECTI Change	ORS IN 12
SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	Signature, typed or printed name of registered ager OFFICERS AN PD GREEN, CAROL 874 3RD AVE S	nt and title if applicable.  ND DIRECTORS  DELET	NOTE: Registered  13. E 1.1 TI 12 N 1.3 S' 1.4 CI E 2.1 TI 22 N	Agent signature require  ILE  WME  IREET ADDRESS  TY-ST-ZIP  ILE  AME	ed when reinstating)	DATE FICERS AND DIRECTI Change	ORS IN 12
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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.

5.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS