

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra H. Morrissey
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY 10 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G82662

(9)

1. Corporation Name

DESIGN TRENDS, INC.

Principal Place of Business

**5011 N. DIXIE HWY.
BOCA RATON FL 33431**

Mailing Address

**5011 N. DIXIE HWY.
BOCA RATON FL 33431**

DO NOT WRITE IN THIS SPACE

3. Date Reported for Filing 02/01/1994	3a. Date of Last Report 10/04/1994
4. Filing Number 59-2391794	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. 193.03? Florida Statutes ☐ Yes ☐ No	

2. Designated Agent (Required)	2a. Mailing Address
21. Name Subs. Agent	26. Name Subs. Agent
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**PANARELLO, THOMAS K
9680 N.W. 59 CT.
PARKLAND FL 33076**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 193.03, 193.04, and 193.05, Florida Statutes, this officer, named corporation, solemnly this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change is authorized by the corporation's board of directors, thereby, accept the appointment as registered agent, in compliance with and as set forth in the provisions of Sections 193.03, 193.04, and 193.05, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IF ANY	
NAME	PD PANARELLO, THOMAS K. 9680 N.W. 59 CT. PARKLAND FL 33076	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	☐ Change ☐ Addition
CITY & STATE		CITY & STATE	☐ Change ☐ Addition
ZIP		ZIP	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 193.03(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same kept on file in its books and records. I am an officer or director of the corporation or the registered agent or proxy holder prepared by or for the corporation, required by Chapter 193, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report. I am an officer or director of the corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/95 366-7088