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

PROFIT CORPORATION ANNUAL REPORT



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

1996
DOCUMENT #
1. Corporation Name

H19528

(9)

DΑ	CTCO	MANU	DESIGN.	ILIO
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FAGII	ENNACK DESIGN, INC.				
Principal Place	of Business	Mailing Address		n septani bibi sibib ibibi Bilib bibbi ia	I OTOTA BIRKT BIRKE BIRKT BİRKT BIRKE İRBI
1011 VIRGINIA DR. ORLANDO FL 32803		1011 VIRGINIA I ORLANDO FL 3			
				08/30/1984	n. Date of Last Report 06/07/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2459248	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite, Apt #, et	0	5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		6. Election Campaign Financing	Fee Required
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zφ	Country	8. This corporation has liability for intan	· · · · · · · · · · · · · · · · · · ·
24	25	29	30	Florida Statutes	
····	g, Name and Address of Cu	rrent Registered Agent	81 Name	10. Name and Address of New Regis	tered Agent
1 424 1 64			81 Name		
	, TIMOTHY		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
	rginia dr. Do Fl 32803				
OnDan	DO FL 32003		83		
			84 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 607.0	502 and 607.1508, Florida S Jorda, Such charge was art	tatutes, the above named corpor	ration submits this statement for the purpose rd of directors. Thereby accept the appointn	-, -
familiar witt	n, and accept the obligations of S	Section 607.0505, Florida Sta	tutés	rd of directors. I hereby accept the appointn	ent as registered agent. Lam
SIGNATURE					
12.	Of FIGURE STATE STATE AND STREET THE STREET STREET	AND DIRECTORS	(Will Find de all Agent signature require		MIL
TITLE	PO	DELETE	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12 Change Addition
NAME	PASTERNACK, REID		1.2 NAME		change Augition:
STREET ADDRESS	5261 BROOK COURT		1.3 STREET ADDRESS		
CITY - ST - ZIP	ORLANDO FL		1.4 C-TY - SI - ZiP		
TITLE		☐ DELETÉ	2 1 THE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - ST - 7IP			2 4 C+TY - ST - Z+F		
TITLE		☐ DELETE	3 1 TOLE		☐ Change ☐ Addition
NAME			3.2 NAME	•	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		FIRE	3 4 CITY - ST - ZIP		
TITLE		☐ DELETE	4 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME		
CITY-ST-ZIP			4 3 STREET ADDRESS		
TITLE		. DELETE	4.4 CHY - SF - ZIF 5.1 TITLE		F1 0 F1 1478
NAME			5 2 NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIF					
TITLE		☐ DELE1E	5.4 CTY - ST - 71P 6.1 THLE		Change Addition
NAME		<u></u>	62 NAME		□ Ondrige □ Add ((0))
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY - ST - ZIP		
14. I do hereby	certify that the information suppli	ed with this fring is voluntarily	furnished and done not qualify to	or the exemption stated in Section 119.07(3)	(k), Florida Statutes. I further
oalb: that t	ute ir surtation inorcated on this a	incua, report or supplementa	l annual report is true and accura	te and that my signature shall have the same s report as required by Chapter 607, Florida	s local offect on if made under 1

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/96 407 895-9061