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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham "

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H34

1. Corporation Name

DIVERSIFIED DESIGN, INC.

(2)

FI.	LEL)
Apr 27 19	998	8:00am
Secreta	ry o	f State

Principal Plac	e of Business	Mailing Address			IBIT BYDE WIDE GIEIF BIBIT 1991
975 80 COU	ntry ro	375 SO COUNTRY RD			
#222 Palm Boh F	99490	#222 DALM DOM CL 92490		DO NOT WRITE IN TH	IÇ ÇDACE
US	C 33980	PALM BCH FL 33480 US		3. Date Incorporated or Qualified	IS OF AGE
				12/17/1984	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# atc	Suite, Apt. #, etc.		59-2486767	Not Applicable
22	#, 0 10.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat	0	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registers	d Agent
	ANICH, NORANIT TUI		81 Name		
379	5 SOUTH COUNTRY RD		82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
j #2					
PA	LM_BEACH FL 33480		83		
	•		84 City		85 Zip Code
			1 7	F	L ' '
11. Pursuant	to the provisions of Sections 607.050	2 and 607-1508, Florida Statute	s, the above-named corp	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	of changing its registered
agent. I a	m amiliar with, and accept the obligi	itions of Section 607.0505. Flor	ida Statutes.	ion's board of directors. Fricially decept the a	- 1 C CC
SIGNATURE	Noranit his	Hours 0	wher / Yresi	dent 211	2148
40	Signature, typed or printed name of ingestered age OFFICERS AN		Registered Agent signature require	ed whon reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
12.	DPS OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	PRANICH, NORANIT TUI	المادين ليها	1.2 NAME		
STREET ADDRESS	375 SO COUNTRY RD #222		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	V	DELETE	2.1 TiTLE		Change Addition
NAME	PRANICH, YOOPA	E-ty-	2.2 NAME		
STREET ADDRESS	375 SO COUNTRY RD #22	2	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		2. 4 CITY -ST-ZIP		ĺ
TITLE	1	DELETE	3.1 TITLE	*	Change Addition
NAME	PRANICH, NORANIT TUI		3.2 NAME		
STREET ADDRESS	270 S. COUNTY RD.		3 3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH FL		3 4. CITY-ST-ZIP	•	
TITLE		☐ DELETE	4.1 THILE		Change Addition
NAME			4. 2 NAME		[
STREET ADDRESS			4.3 STREET AODRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		}
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ĺ
CITY-ST-ZIP			6.4 CITY - ST - ZIP	Carrier 440 07/0V/) Flacida Charles 14 about	

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 charged, or on an attachment with an address.