

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 09, 1999 8:00 am**  
**Secretary of State**

08-09-1999 90009 021 \*\*\*558.75

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **H34264**

1. Corporation Name

**DIVERSIFIED DESIGN, INC.**

Principal Place of Business

~~375 SO COUNTRY RD~~  
~~#222~~  
~~PALM BCH FL 33480~~  
US

Mailing Address

~~375 SO COUNTRY RD~~  
~~#222~~  
~~PALM BCH FL 33480~~  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/17/1984**

4. FEI Number

**59-2486767**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☐ No

2. Principal Place of Business

21 **400 CLEMATIS ST.**

2a. Mailing Address

26 **400 CLEMATIS ST.**

Suite, Apt. #, etc.

22 **#200**

Suite, Apt. #, etc.

27 **#200**

City & State

23 **W.P.B., FL**

City & State

28 **W.P.B., FL**

Zip

24 **33401**

Country

25 **P.B.**

Zip

29 **33401**

Country

30 **P.B.**

9. Name and Address of Current Registered Agent

**PRANICH, NORANIT TUI**  
**375 SOUTH COUNTRY RD**  
**#222**  
**PALM BEACH FL 33480**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**400 CLEMATIS ST. #200**

83

84 City

**W.P.B.**

**FL**

85 Zip Code

**33401**

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 607.0605, Florida Statutes.

SIGNATURE

*Norant Tui Pranch*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7/30/99**

12. OFFICERS AND DIRECTORS

TITLE **DPS** ☐ DELETE  
NAME **PRANICH, NORANIT TUI**  
STREET ADDRESS ~~375 SO COUNTRY RD~~ ~~#222~~ **400 CLEMATIS ST.**  
CITY-ST-ZIP ~~PALM BEACH FL~~ **WPB, FL #200**

TITLE ~~X TREASURER~~ ☐ DELETE  
NAME **PRANICH, YOOPA**  
STREET ADDRESS ~~375 SO COUNTRY RD~~ ~~#222~~ **400 CLEMATIS ST.**  
CITY-ST-ZIP ~~PALM BEACH FL~~ **WPB, FL #200**

TITLE **T** ☒ DELETE  
NAME **PRANICH, NORANIT TUI**  
STREET ADDRESS **270 S. COUNTY RD.**  
CITY-ST-ZIP **PALM BEACH FL**

TITLE **V.P.** ☐ DELETE  
NAME **JOHN BAUMGARTNER**  
STREET ADDRESS **1000 VENEZIAN WAY #1308**  
CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE:

*Norant Tui Pranch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/30/99**

Date

Daytime Phone #

CR2E034 (5/99)

0127708