FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H40546** **(4)**

1. Corporate Name

DESIGN ASSOCIATES, INC. OF PALM BEACH COUNTY

Principal Place of Business	Mailing Address
~~811 N FEDERAL HWY.~~ Change to: 915 N DIXIE HWY ~~LAKE WORTH FL 33460~~ 915 N DIXIE HWY W. PALM BEACH FL 33401	~~811 N FEDERAL HWY.~~ 915 N DIXIE Hwy ~~LAKE WORTH FL 33460~~ W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2453892	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 [illegible] for intangible tax under S. 199.072, Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARRELLI, EDWARD J. 811 N FEDERAL HWY. LAKE WORTH FL 33460	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Section [illegible] 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 607.325, Florida Statutes.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 TITLE	PD	01 TITLE	☒ Change ☐ Addition
02 NAME	CARRELLI, EDWARD J.	02 NAME	
03 STREET ADDRESS	811 N FEDERAL HWY	03 STREET ADDRESS	915 North Dixie Highway
04 CITY ST ZIP	LAKE WORTH FL	04 CITY ST ZIP	West Palm Beach FL 33401
05 TITLE	STD	05 TITLE	☒ Change ☐ Addition
06 NAME	SIIRA, LESLIE	06 NAME	
07 STREET ADDRESS	811 N FEDERAL HWY.	07 STREET ADDRESS	915 North Dixie Highway
08 CITY ST ZIP	LAKE WORTH FL	08 CITY ST ZIP	West Palm Beach FL 33401
09 TITLE		09 TITLE	☐ Change ☐ Addition
10 NAME		10 NAME	
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY ST ZIP		12 CITY ST ZIP	
13 TITLE		13 TITLE	☐ Change ☐ Addition
14 NAME		14 NAME	
15 STREET ADDRESS		15 STREET ADDRESS	
16 CITY ST ZIP		16 CITY ST ZIP	
17 TITLE		17 TITLE	☐ Change ☐ Addition
18 NAME		18 NAME	
19 STREET ADDRESS		19 STREET ADDRESS	
20 CITY ST ZIP		20 CITY ST ZIP	
21 TITLE		21 TITLE	☐ Change ☐ Addition
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY ST ZIP		24 CITY ST ZIP	

14. I/We hereby certify that the information supplied with this filing is substantially complete and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 1, 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Edward Carrelli 4-26-95 407 533-3495
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone
EDWARD J. CARRELLI

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