

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H54603** (6)

1. Corporation Name
KATHRYN DESIGNS, INC.



Principal Place of Business: **2880 N.E. 23 PLACE POMPANO BEACH FL 33062**
Mailing Address: **266 EAST SHORE DRIVE LAKE TOXAWAT NC**

3. Date Incorporated or Qualified: **04/23/1985**
3a. Date of Last Report: **08/25/1995**
4. FEI Number: **59-2683329**
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 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 27
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

**FITZPATRICK, KATHRYN
2880 N.E. 23 PLACE
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name: **JOSEPH S. BALISTRERI**
82 Street Address (P.O. Box Number is Not Acceptable): **2880 NE 23 PLACE**
83
84 City: **POMPANO BEACH FL** 85 Zip Code: **33062**

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 607.0505, Florida Statutes.

SIGNATURE: *Joseph S. Balistreri* DATE: **4/25/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FITZPATRICK, KATHRYN	
STREET ADDRESS	2880 N.E. 23 PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	J. DEAN FITZPATRICK	
1.3 STREET ADDRESS	266 EAST SHORE DR.	
1.4 CITY-ST-ZIP	LAKE TOXAWAY, N.C. 28747	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOSEPH S. BALISTRERI	
2.3 STREET ADDRESS	266 EAST 2880 NE 23 PLACE	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL. 33062	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Kathryn B. Fitzpatrick* **KATHRYN B. FITZPATRICK** 3/29/96 305-942-3637

CR2E034 (12/95)