

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).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **H77298** ✓

1. Corporation Name

DESIGN FRAME DISTRIBUTORS, INC.

Principal Place of Business

% ROBERT M. EMMONS, SR.
3660 INTERSTATE PRKWY
RIVIERA BEACH FL 33404

Mailing Address

% ROBERT M. EMMONS, SR.
3660 INTERSTATE PRKWY
RIVIERA BEACH FL 33404

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90005 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/23/1985

4. FEI Number

59-2593946

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

EMMONS, ROBERT M. JR
3660 INTERSTATE PARKWAY
RIVIERA BEACH FL 33404

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **EMMONS, ROBERT M., JR.**
STREET ADDRESS **3660 INTERSTATE PKWY**
CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE **PD** ☐ DELETE
NAME **EMMONS, ROBERT M., SR.**
STREET ADDRESS **3660 INTERSTATE PKWY**
CITY-ST-ZIP **RIVIERA BEACH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 only in attachment with an address.

SIGNATURE: **Robert M. Harris** **7/1/99** **(861) 251-1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0127302

CR2E034 (5/99)



S82901-90005-37

1477298

3660 INTERSTATE PARKWAY
RIVIERA BEACH, FL 33404

~~(407) 868-6885~~

~~(800) 826-4529~~

~~FAX (407) 845-7501~~

phone (561) 251-1995

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

July 1, 1999

Your 1999 PROFIT CORPORATION ANNUAL REPORT (2nd Notice) arrived in the mail today, July 1, 1999. Design Frame Distributors, Inc. has no record of ever having received the ORIGINAL Profit Corporation Annual Report Packet for 1999. Because of this, we telephoned your office today, (850)488-9000) and your agent verbally instructed us to:

1. Send in the 2nd Notice Report and include a check for \$150.00 covering the standard annual corporate filing fee; and
2. Request DIVISION OF CORPORATIONS give favorable consideration to waiving the \$400.00 delinquency fee by virtue of the fact that Design Frame Distributors, Inc. never received the original 1999 Profit Corporation Annual Report Packet and was therefore unable to submit the report and the standard fee in a timely manner.

The maker of the enclosed check for \$150.00 is Imperial Aviation, Inc. which owns 100% of all shares of Design Frame Distributors, Inc. Design Frame Distributors, Inc. is no longer transacting business, and its attorney is in the process of filing for dissolution of the corporation.

Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert M. Emmons Sr.", written over a horizontal line.

Robert M. Emmons Sr.
Director