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

PROFIT CORPORATION ANNUAL REPORT

STREET ADDRESS

CHY-SI-2IF



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # H89123

(4)

1. Corporati		` '						
DESIG	N FOR INDUSTRY, INC.							
			ű.					
Principal Pla	ice of Business	Mailing Address					\ [1] \ [1]	
% JAMES F. LEISEK % JAMES F. LEISEK				1				
1212 S.W. 20TH STREET FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315 FT. LAUDERDALE FL 33315								
TI. CHUDEND	77LL   L 00013	11. Engelighte 12 ev	0.0 200 t	<u> </u>	3. Date Incorporated or Qualified	3a. Date of L	ast Report	
					12/06/1985	07/03/19	196	
		2a. Mailing Address	is.		4. FEI Number	-	Applied For	
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				59-2616216		\$8	Not Applicable  75 Additional	
22		27			5. Certificate of Status Desired	7 -	ee Required	
City & Sta	ale	City & State			6. Election Campaign Financing	\$5	5.00 May Be	
23		28			Trust Fund Contribution	A	dded to Fees	
Z(p ⊒⊒	Country	Zip	Country		<ol> <li>This corporation has liability for Florida Statutes</li> </ol>	or intangible tax un	der s. 199.032,	
24	25 9. Name and Address of Curre	29   ent Registered Agent	30		D. Name and Address of New F			
I F	ISEK, JAMES F.		81 Na	ame				
1212 S.W. 20TH ST			82 St	reet Address	ress (P.O. Box Number is Not Acceptable)			
FT.	. LAUDERDALE FL 33315			ress (F.O. Dox Number is Not Acceptable)				
			83					
	The same of the same is	and Marketing Control	84 C	y Zaratek	The Control of the Co	85	Zip Code	
					ALL STATES		and the second	
	nt to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obli-	e of Florida. Such change wa gations of, Section 607.0505,	s authorized by the Florida Statutes.	corporation	's beard of directors. Thereby acc	ept the appointme	int as registered	
SIGNATURE	Stignations, typied or profiled name of registered as	gent and title it approable. (N	OTE Registered Agent sig	nature required w		DATE		
12.		ND DIRECTORS	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFF			
TITLE	D LEIGEN JAMES E	L DELETE	1.1 TITLE			☐ Cr	nange L Addition	
NAME SIREET ADDRESS	LEISEK, JAMES F. 1212 SW 20TH ST		1.2 NAME 1.3 STREET ADD	25.66				
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST- ZIP					
THILF	ST	DELETE	2.1 TiTLE		······································	☐ CF	nange	
NAME	LEISEK, BARBARA ANN		2.2 NAME	1				
STREET ADORESS			2.3 STREET ADDR	RESS	ü	4 '4		
CITY-ST-7IP	FT. LAUDERDALE FL	- Delete	2.4 CITY-ST-ZII	P			A series	
TITLE		☐ DELETE	3.1 TITLE	[		☐ Cr	nange	
NAME STREET ADDRESS			3.2 NAME 3.3 Street addr	arce				
CITY - ST - ZIP	<b>,</b>		3.4. CITY - ST - ZH					
TITLE		DELETE	4.1 TITLE			☐ Cr	nange Addition	
NAME			4. 2 NAME	}				
STREET ADDRESS	5		4.3 STREET ADD	RESS				
CITY - \$1 - ZIP			4.4 CITY-ST-ZIP	,				
DILE		☐ DELETE	5.1 TITLE			☐ Cr	nange	
NAME			5.2 NAME					
STREET ADDRESS	8		5.3 STREET ADDI	1				
City-St-7:P		DELETE	54 CITY-ST-ZIP 61 TITLE	<del>-  </del>		□ CI	nange	
NAME		Land or work 16	62 NAME			<b>_</b> •	- D	

14. I do 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: 

SIGNATURE: 

SUBJECT: 

SARBARA A. 

4/27/97 954 764 2423

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

Daytime Phone #

May 07 1997 8:00am

Secretary of State