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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 27 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H95344 (8)
1. Corporation Name
DRAGO DESIGN AND DEVELOPMENT CORPORATION

Principal Place of Business
851 NE 69TH STREET
BOCA RATON FL 33487

Mailing Address
851 NE 69TH STREET
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/20/1986
3a. Date of Last Report 03/30/1994

4. FEI Number 59-2743721
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

21 462 N. A1A

Suite, Apt. #, etc.

22

City & State

23 DEERFIELD BEACH, FL

Zip

24 33441

Country

25 USA

2a. Mailing Address

26 462 N. A1A

Suite, Apt. #, etc.

27

City & State

28 DEERFIELD BEACH, FL

Zip

29 33441

Country

30 USA

9. Name and Address of Current Registered Agent

DRAGO, JAMES P.
851 NE 69TH STREET
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name DRAGO, JAMES P

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

462 N. A1A

83

84 City DEERFIELD BEACH FL

85 Zip Code 33441

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 reappointing)

DATE 3/17/95

12. OFFICERS AND DIRECTORS

TITLE P
NAME DRAGO, JAMES P.
STREET ADDRESS 851 NE 69TH STREET
CITY - ST - ZIP BOCA RATON FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P DRAGO, JAMES P.

1.3 STREET ADDRESS 462 N. A1A

1.4 CITY - ST - ZIP DEERFIELD BEACH, FLORIDA 33441

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 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)(b), 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 reappointing, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES P DRAGO

DATE 3/16/95 (407)2746922