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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J04146

1. Corporation Name

MICHAEL ANTHONY'S DESIGNS, INC., A FLORIDA CORPO RATION

RATION										
Principal Place	e of Business	Mailing Address				1 1001110 01111				
10070 NW 46TH	+ ST.	10070 NW 46TH ST.								
SUNRISE FL 33351 SUNRIS		SUNRISE FL 33351	NRISE FL 33351			DO NOT WRITE IN THIS SPACE				
					3 D:	ate Incorporate			0 01 7102	
					i	3/04/1986	. 			
2 Principal Pi	lace of Business	2a. Mailing Address				I Number			A	polied For
21	lace of Business	26 4253 N	11 7	X AUC	1	2691487			<u> </u>	ot Applicable
Suite, Fpt.	#. etc.	Suite, Apt. #, etc.	<u>~ a</u> ,	<u></u>	•		. 5		\$8.75	f.dditional
22	,	27			5. C	ertificate of Sta	itus Desire	ed 🗌	Fee R	equired
City & State	e	City & State			6. El	ection Campa	ign Finan	cing	\$5.00	May Be
23		28 Sunrise	_		Tr	ust Fund Con	tribution	<u>. </u>	Added	t) Fees
Zip	Cou itry	Zip	Cou	intry	8. Ti	is corporation	owes the	current year Ir		
24	25	29 33351	30 \	USP		erso tal Proper			☐ Yes	□No
	9. Name and Address of Current	Registered Agent		041	10. N	ame and Add	ress of N	ew Registered	1 Agent	
9011	OTTO MICHAEL A			81 Name						
SCUOTTO, MICHAEL A 10070 N.W. 46TH STREET				82 Street	A dress (P.O	. Bo (Number	is Not Ac	ceptable)		
	RISE FL 33351				453 N	<u>177 88</u>	_ P0	enue		
3011	INIGE PE 3333 I			83						
				84 City	<u> </u>		,	Fil	85 Zip	Code
	to the provisions of Sections 607.0502		 		NOC	<u> </u>				3351
office or n	egistered agent, or both, in the State of mailiar with, and accept the obligati	if Florida. Such chande was	authorized	d by the corpo	oration's boar	d of directors.	I hereby a	accept the ap x	ointment as re	eqistered
office or n agent. I a	egistered agent, or b∈th, in the State ⊕ m familiar with, and accept the obligati	of Florida. Such change was ions of, Section 607.0505, F	orida Stat	utes.	oration's boar	or directors.	I hereby a	accept the ap x	ointment as re	egistered
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CITY-ST-ZIP 14. Heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further pertify 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

Sur actor

☐ DELETE

4/10/99

Addition