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Jan 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # J19839 (6)

1. Corporation Name  
DESIGNS BY ESTELLE, INC.

Principal Place of Business  
7300 W MCNAB RD #120  
TAMARAC FL 33321-5329

Mailing Address  
7300 W MCNAB RD #120  
TAMARAC FL 33321-5329



3. Date Incorporated or Qualified 06/17/1986  
3a. Date of Last Report 04/22/1996

2. Principal Place of Business  
21 10391 NW 5th CT  
Suite, Apt. #, etc.

2a. Mailing Address  
26 10391 NW 5th CT  
Suite, Apt. #, etc.

4. FEI Number 59-2698063  
Applied For  
Not Applicable

22 City & State  
23 CORAL SPRING, FLA

27 City & State  
28 CORAL SPRING, FLA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33071 25 Country  
29 33071 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELPERN, ESTELLE M.  
7300 W MCNAB RD #120  
TAMARAC FL 33319

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
10391 NW 5th CT  
83  
84 City  
CORAL SPRING FL 85 Zip Code  
33071

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 PD  
NAME ELPERN, ESTELLE M.  
STREET ADDRESS 7300 W. MCNAB RD. #120 10391 NW 5th CT  
CITY-ST-ZIP TAMARAC FL CORAL SPRING, FLA 33071  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  
NAME  
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CITY-ST-ZIP  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, unchanged, or on an attachment with a address.

SIGNATURE: Estelle M. Elpern 1/7/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)