

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **J70356** (7)

1. Incorporated State

**DESIGNS BY DEZZY, INC.**

MAY - 1 1995 24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Office Location

4420 B N.E. 20TH AVENUE  
FT. LAUDERDALE FL 33308

3. Mailing Address

4420 B N.E. 20TH AVENUE  
FT. LAUDERDALE FL 33308

OTHER WHERE IN THIS SPACE

3. Date Incorporated or Qualified: **04/28/1987**  
3a. Date of Last Report: **05/01/1994**

21. Principal Office Location

**3850 N.E. Miami Ct.**

26. Mailing Address

**same**

4. FEI Number

**65-0030899**

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

**Miami, FL.**

28

City, State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

**33137**

**Dade**

29

30

7. Total Organization has liability for or is responsible for under Fla. Stat. 409.203, Florida Statutes.

Yes  No

9. Name and Address of Current Registered Agent

**DEZELAN, SANDRA L.  
200 LESLIE DR.  
#720  
HALLANDALE FL 33009**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Section 407.002 and 407.003, Florida Statutes, the above named corporation certifies the statement for the purpose of changing its registered office is a residential report made in the State of Florida which change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am hereby certifying that the registered office of this corporation is as shown on this report.

SIGNATURE

*Sandra L. Dezele*

To be signed by the registered agent or by a person authorized to sign

**4/27/94**

12. OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
1	<b>D</b>	<b>DEZELAN, SANDRA L.</b>	<b>200 LESLIE DR. #720</b>	<b>HALLANDALE FL</b>	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

13. ALTERNATE CHANGES TO OFFICERS AND DIRECTORS

OFFICER	NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	Change	Addition
1						<input type="checkbox"/>	<input type="checkbox"/>
2						<input type="checkbox"/>	<input type="checkbox"/>
3						<input type="checkbox"/>	<input type="checkbox"/>
4						<input type="checkbox"/>	<input type="checkbox"/>
5						<input type="checkbox"/>	<input type="checkbox"/>
6						<input type="checkbox"/>	<input type="checkbox"/>
7						<input type="checkbox"/>	<input type="checkbox"/>
8						<input type="checkbox"/>	<input type="checkbox"/>
9						<input type="checkbox"/>	<input type="checkbox"/>
10						<input type="checkbox"/>	<input type="checkbox"/>
11						<input type="checkbox"/>	<input type="checkbox"/>
12						<input type="checkbox"/>	<input type="checkbox"/>
13						<input type="checkbox"/>	<input type="checkbox"/>
14						<input type="checkbox"/>	<input type="checkbox"/>
15						<input type="checkbox"/>	<input type="checkbox"/>
16						<input type="checkbox"/>	<input type="checkbox"/>
17						<input type="checkbox"/>	<input type="checkbox"/>
18						<input type="checkbox"/>	<input type="checkbox"/>
19						<input type="checkbox"/>	<input type="checkbox"/>
20						<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information required on this form is voluntarily furnished and does not qualify for the exemption stated in section 409.003, Florida Statutes. I further certify that the information is true and correct and that my signature shall be the same legal effect as if my name were printed. I am certifying that the registered office of this corporation is as shown on this report as required by Chapter 407, Florida Statutes, and that my name appears in Block 1 on Block 11. I understand my signature is an address.

SIGNATURE

*Sandra L. Dezele*

PRINTED AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR