

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # J88835 (0)**

1. Corporation Name

**RAVENNA DESIGN, INC.**



Principal Place of Business

Mailing Address

% ALEXANDER ZOUZOULAS  
111 1/2 21ST AVE  
HOLLYWOOD FL 33020

% ALEXANDER ZOUZOULAS  
111 1/2 21ST AVE  
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

**08/20/1987**

3a. Date of Last Report

**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2321 HOLLYWOOD BLVD.**

26 **2321 HOLLYWOOD BLVD**

4. FEI Number

**65-0035418**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **HOLLYWOOD, FL**

28 **HOLLYWOOD, FL**

Zip

Country

Zip

Country

24 **33020**

25 **USA**

29 **33020**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAVENNA, TIMOTHY  
111 1/2 21ST AVE  
HOLLYWOOD 33020**

81 Name

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

**2321 HOLLYWOOD BLVD**

83

84 City

**HOLLYWOOD**

**FL**

85 Zip Code

**33020**

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)

**4/17/96**  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **DP**  
STREET ADDRESS **RAVENNA, TIMOTHY**  
CITY-ST-ZIP **4900 FILLMORE STREET  
HOLLYWOOD FL**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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)(k), 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:

**Timothy Ravenna**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/17/96**  
Date

**954 923 6571**  
Daytime Phone #

CR2E034 (12/95)