SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # K21704

1. Corporation Name

Dale's Distinctive Designs, A 3-D Corporation

Principal Place of Business
6723 Lake Island Drive
Lake Worth, FL 33467

Mailing Address
6723 Lake Island Drive
Lake Worth, FL 33467

3. Date Incorporated or Qualified: 04/25/1988
3a. Date of Last Report: 03/31/95

2. Principal Place of Business
21 6555 Garden Road
Suite, Apt #, etc.
22
City & State
23 Riviera Beach, FL
Zip
24 33404-6316
Country
25

2a. Mailing Address
26 6555 Garden Road
Suite, Apt #, etc.
27
City & State
28 Riviera Beach, FL
Zip
29 33404-6316
Country
30

4. FEI Number: 65-0052952 — 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

9. Name and Address of Current Registered Agent

Monescalchi, Richard J.
~~7556~~ Lake Worth Road, ~~Suite 102~~
Lake Worth, FL 33467

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 6894 Lake Worth Rd Suite 203
83 Lake Worth Fl 33467
84 City FL
85 Zip Code

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] DATE 7-10-96

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	Norstrom, Dale	
STREET ADDRESS	6723 Lake Island Drive	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	D	☒ DELETE
NAME	Norstrom, Dale	
STREET ADDRESS	6723 Lake Island Drive	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PSTD	☒ Change ☐ Addition
1.2 NAME	Norstrom, Dale	
1.3 STREET ADDRESS	6555 Garden Road	
1.4 CITY-ST-ZIP	Riviera Beach, FL 33404-6316	
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		

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-07/18/96--01102--010
***225.00

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] DALE NORSTROM 7/10/96 407-842-3532
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone