**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **K21704**

1. Corporation Name

DALE'S DISTINCTIVE DESIGNS, A 3-D CORPORATION

Principal Plac	e of Business	М	ailing Address						J110 WORD WINDS WI	Eli bisti arati s	#(t #1#t) 1##t
6555 GARDEN ROAD RIVERIA BEACH FL 33404		6555 GARDEN ROAD RIVERIA BEACH FL 33404					DO NOT WR	ITE IN THIS	SPACE		
US US			•					3. Date Incorporated or Qualifed			
								04/25/1988			
2. Principal P	Place of Business	2a.	Mailing Address		_			4. FEI Number		Api	plied For
11		26		·····				65-0052952		No	t Applicable
Suite, Apt.	#, etc.	27	Suite, Apt. #, etc.					5. Certifcate of Status Desired		\$8.75 A Fee Re	
City & Stat	te	1	City & State					6. Election Campaign Financing		\$5.00	May Be
23		28						Trust Fund Contribution		Added to	Fees
Zip	Country	$\Box$	Zip	Co	untry			8. This corporation owes the cur	rent year Inta		
24]	25	29		30	_			Personal Property Tax.			□No
	9. Name and Address of Current	Regis	itered Agent		-	Nama		10. Name and Address of New	Registered	Agent	
МО	NESCALCHI, RICHARD J.				81	Name					
	LAKE WORTH RD., STE. 203		•		82	Street A	ddress	(P.O. Box Number is Not Accept	able)		
	E WORTH FL 33467				83			······································	<del>~~~~~~</del>		
Lan	E WOMMING BOTO				83						
					84	City			FL	85 Zip C	ode
agent. I a	to the provisions of sections our Jobez registered agent, or both, in the State o um familiar with, and accept the obligati Signature, typed or printed name of registered agent	ons of	Section 607.0505, Flo	orida Sta	tutes			nen reinstating)	DATE		
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTO	RS IN 12
TITLE	P\$TD		☐ DELETE	_	TILE		SE	CRETARY	-	Change	Addition
NAME	NORSTROM, DALE			1.21	IAME		TH	OMPSON, TAMMY			
STREET ADDRESS	ACCC CAROTH DOAD			1.3 \$	TREE1	T ADDRESS		55 GARDEN ROAD		- 4 - 60.	
CITY-ST-ZIP	RIVIERA BEACH FL 33404-6316			1,4 (	iTY-S	T-ZIP	RI	VIERA BEACH, F	334	04-63	
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CITY-ST-ZIP		_	☐ DELETE	3.1 T	TTLE IAME	ST-ZIP TADDRESS	<del>-</del>	,		Change	Addition
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CITY-ST-ZIP 14. I 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 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: {

ayire<u>d</u> AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90060 028 \*\*\*150.00