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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90085 021 \*\*\*150.00

| DOCU  | MENT: # K35050<br>DESIGNS, INC.   |  |   | A Company of the Comp |   | ा<br>-                       |
|---|---|--|---|--|---|------------------------------|
| VILLAGE   | DESIGNS, INC.   |  | Caralle and Co.   | ्रार्केडः<br>  | Alan aran Bibir Ali                     | -:{<br>(1)                   |
|   |   |  |   |  |   |                              |
| Principal Place   | of Business   | Mailing Address  |   | [ (9312()) 000 ()101 01(5) 00(6) 0()) contacting   | #1811 <b>618</b> 11 41811 411           | ., ., .,                     |
| 3711 CORTEZ RD. W. 3711 CORTEZ RD. WEST   |   |  |   |  |   |                              |
| SUITE 300 SUITE 300 BRADENTON FL 34210 BRADENTON FL 34210   |   |  |   | DO NOT WRITE IN THIS   | SPACE                                   |                              |
| U\$   |   | US   |   | 3. Date Incorporated or Qualifed   |   | 1                            |
|   |   |  |   | 09/28/1988   |   |                              |
|   | ace of Business   | 2a. Mailing Address  |   | 4. FEI Number 65-0077667   | ·   · · · ·                             | lied For ,                   |
| Suite, Apt.   | # etc   | Suite, Apt. #, etc.  |   |  | \$8.75 Ac                               | <u> </u>                     |
| 22  |   | 27   |   | 5. Certifcate of Status Desired  | Fee Req                                 | uired                        |
| City & State  | 3   | City & State   |   | Election Campaign Financing     Trust Fund Contribution  | \$5.00 N<br>Added to                    |                              |
| Zip   | Country   |  | Country   | 8. This corporation owes the current year In   |   |                              |
| 24  | 25  | 29 30  |   | Personal Property Tax.   |   | ]No                          |
| ļ   | 9. Name and Address of Curren   | t Registered Agent   | 81 Name   | 10. Name and Address of New Registered   | Agent                                   |                              |
| NEA   | L, CHARLENE J.  |  |   | (1)  |   |                              |
| 1003 59TH STREET N.W.   |   |  | 82 Street Addr  | ress (P.O. Box Number is Not Acceptable)   |   |                              |
| BRADENTON FL 34209  |   |  | 83  |  |   |                              |
|   |   |  | 84 City   | · · · · · · · · · · · · · · · · · · ·  | 85 Zip Ce                               | ode .                        |
|   |   |  | ,   | Fl   | _                                       |                              |
| 11. Pursuant office or re   | to the provisions of Sections 607.050<br>egistered agent, or both, in the State   | 2 and 607.1508, Florida Statutes, to<br>of Florida. Such change was author   | he above-named corp<br>rized by the corporation   | poration submits this statement for the purpose of on's board of directors. I hereby accept the appoint  | r changing its r<br>intment as regi     | egistereo<br>istered         |
| l agent, lai  | m familiar with, and accept the obliga  | tions of, Section 607.0505, Florida:   | Statutes.   |  |   |                              |
| agent. I ai   | m familiar with, and accept the obliga  | lions of, Section 607.0505, Florida  | Statutes.   |  |   |                              |
| agent. I ai   | m familiar with, and accept the obliga  | nt and title if applicable. (NOTE: Regi  | Statutes.   | ed when reinstating) DATE  |   |                              |
| agent. I ai   | m familiar with, and accept the obliga  | nt and title if applicable. (NOTE: Regi  | Statutes.   |  |   | RS IN 12                     |
| agent. I all SIGNATURE  | Signature, typed or printed name of registered agei  OFFICERS AN  | nt and title if applicable. (NOTE: Regin DDIRECTORS  | Statutes.  13.  | ed when reinstating) DATE  | ND DIRECTOR                             | RS IN 12                     |
| SIGNATURE  12.  TITLE   | Signature, typed or printed name of registered ages OFFICERS AN D NEAL, CHARLENE J. 1003 59TH STREET N.W.   | nt and title if applicable. (NOTE: Regil   | istered Agent signature require  13. 1.1 TITLE  | ed when reinstating) DATE  | ND DIRECTOR                             | RS IN 12                     |
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| agent. I all SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | Signature, typed or printed name of registered age OFFICERS AN D NEAL, CHARLENE J. 1003 59TH STREET N.W. BRADENTON FL PAST  | nt and title if applicable. (NOTE: Regin D DIRECTORS DELETE  | istered Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE  | ed when reinstating) DATE  | ND DIRECTOR                             | RS IN 12                     |
| agent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | Signature, typed or printed name of registered age:  OFFICERS AN  D NEAL, CHARLENE J. 1003 59TH STREET N.W. BRADENTON FL PAST NEAL, CHARLENE J.   | nt and title if applicable. (NOTE: Reginal Directors)    Directors   | istored Agent signature require  13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME  | ed when reinstating) DATE  | ND DIRECTOR ☐ Change                    | RS IN 12                     |
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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 the 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 attractment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2,/99

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