FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # K42581

BLOCK [DESIGN DEVELOPMENT, IN	C.					6(8); 6:6; 8:6(1.8); 8(8); 6:6; 8:8(1.8);	0
Principal Place	of Business	Mailing Address				NEGO IBIOT LIGH DIGH	01011 BABIT BABIT OF	Alf Billi (All
Principal Place of Business CHABOT. LEE 1320 S FEDERAL HWY STUART FL 34994 US		C/O LEE CHABOT 1320 S. FEDERAL HWY. STUART FL 34994 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified				
					10/31/1988		,	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number			lied For	
21		26		65-0082140			Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desi	red 💢	\$8.75 Ac Fee Red	-
City & State		City & State		6. Election Campaign Finar		\$5.00 6		
		28		Trust Fund Contribution		Added to		
Zip Country			Zip Country		8. This corporation owes th	e current year Ir	ntangible	_
24	25		30		Personal Property Tax.			□No
	9. Name and Address of Current				10. Name and Address of	New Registere	d Agent	
			81	Name				
CHABOT, LEE			82	Street A	Address (P.O. Box Number is Not A	cceptable)	<u></u>	
1320 S. FEDERAL HWY.					·			
810/	ART FL 34994		83					
			84	City		F	85 Zip C	ode
office or re agent. I a	to the provisions of Sections 607.0502 agistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agen				ration's board of directors. I hereby	accept the app	pintment as reg	jistered
12.	OFFICERS AN		13.		ADDITIONS/CHANGES T	O OFFICERS A	AND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE				☐ Change	Addition
NAME	CHABOT, LEE		1.2 NAME					
STREET ADDRESS	TARE OF MANAGET TEOD		1.3 STREE	TADDRESS				
CITY-ST-ZIP	STUART FL		1.4 CITY-S	T-ZIP				·
TITLE			2.1 TITLE				Change	Addition
NAME .	CHABOT, DOLLY K		2.2 NAME	Ì				
STREET ADDRESS	5132 SE MANATEE TERR		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	STUARY FL 2		2. 4 CITY-5	ST-ZIP				
TITLE	D DELETE 3:		3.1 TITLE	;			Change	☐ Addition
NAME			3.2 NAME		<u> </u>	~ =	· ·	-, [
STREET ADDRESS	5675 SE WINDSONG LN #539		3.3 STREE	TADDRESS				
CITY-ST-ZIP	STUART FL		3.4. CITY-5	ST-ZIP			Change	☐ Addition
TITLE		DELETE	4.1 TITLE				☐ Cliarige	
NAME			4. 2 NAME					}
STREET ADDRESS				TADORESS				
CITY-ST-ZIP	- Marian	□ nei ete	4.4 CITY-S 5.1 TITLE	T-ZIP			Change	Addition
TITLE			5.1 TITLE 5.2 NAME]				
NAME				TADORESS				
STREET ADDRESS			5.4 CITY-S					j
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME				-	
STREET ADDRESS	:			TADDRESS				ļ
CITY-ST-ZIP			6.4 CITY- S	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 tito empowered.

CITY-ST-ZIP

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90219 048 ***158.75