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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

NAME

TITLE

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DOMENT OF STREET

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Section 1

CITY-ST-ZIP

CITY-ST-ZIP

DOCUMENT # K44668



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90008 002 ***150.00

Tⅅ	ESIGNS, INC.					
Principal Place of Business Mailing Address					i ibdibit; dit albit dige gille gilles lost grati	Minit Eliki Affit einli nigit ikus
4949-3 SUNBEAM RD JACKSONVILLE FL 32257 US 4949-3 SUNBEAM RD JACKSONVILLE FL 32257 US US					DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualifed 11/10/1988	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			_	59-2915702	Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year In	tangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Registered	l Agent
PANTARAS, DEMOS 4949-16 SUNBEAM ROAD JACKSONVILLE FL 32257				81 Name A N 82 Street Add 4949	TARAS DEMOS Iress (P.O. Box Number is Not Acceptable) -3 SUNBEAM POA	
				494 <u>9</u>	- 5 SUNDEAM GUAS	2
				84 City	(SONVILLE FL	L 85 32257
l office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligated	of Florida. Such change was aut	thorized	ove-named corporation	poration submits this statement for the purpose o ion's board of directors. I hereby accept the appo	f changing its registered bintment as registered
SIGNATURE	Signature, typed or printed name of registered agen-	t and title if applicable. (NOTE: F	Registered A	Agent signature requir		
12. OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DP	☐ DELETE	1.1 7111	E		☐ Change ☐ Addition
NAME	PANTARAS, DEMOSTHENE		1.2 NAM	Æ	•	
STREET ADDRESS			1.3 STF	REET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CIT	Y-ST-ZIP		
TITLE	VP	☐ DELETE	2.1 ΤΠ	.E		☐ Change ☐ Addition
· NAME:	FLETCHER, DAVID R ~	·• · · · -	2.2 NAM	/E - -		* · · · · ·
STREET ADDRESS	541 E MONROE ST		2.3 STF	REET ADDRESS		•
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	3.1 TITI	c		☐ Change ☐ Addition

6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 an other like empowered.

3.2 NAME

4.1 TITLE

4.2 NAME 4.3 STREET ADDRESS

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

3.4. CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CiTY-ST-ZIP

SIGNATURE: ₫

☐ Change

Change

Change

☐ Addition

☐ Addition

Addition |