

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K48885** (3)

1. Corporation Name

**DESIGNS BY DORION, INC.**



Principal Place of Business

**250 NORTH CONGRESS AVENUE  
DELRAY BEACH FL 33445  
US**

Mailing Address

**T.J. WOOLEY JR.  
639 E. OCEAN AVE. SUITE 408  
BOYNTON BEACH FL 33435**

3. Date Incorporated or Qualified  
**12/02/1988**

3a. Date of Last Report  
**03/23/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 **250 North Congress Avenue**

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

**65-0096961**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$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

10. Name and Address of New Registered Agent

**WOOLEY, THOMAS J., JR.  
639 EAST OCEAN AVENUE  
SUITE 408  
BOYNTON BEACH FL 33435**

81 Name

**Glenda Dorion**

82 Street Address (P.O. Box Number is Not Acceptable)

**250 North Congress Avenue**

83 City

**Delray Beach**

**FL**

85 Zip Code

**33445**

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

*Glenda Dorion*

Signature of the person printed name of registered agent and state, if applicable

(NOTE: Registered Agent Signature required when registering)

**4.29.96**

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DORION, GLENDA**  
STREET ADDRESS **250 NORTH CONGRESS AVENUE**  
CITY-ST-ZIP **DELRAY BEACH FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
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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. TITLE ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2. TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3. TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4. TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6. TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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

SIGNATURE:

*Glenda Dorion*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**GLENDA DORION**

**4.29.96**

DATE

**407.245.1317**

Daytime Phone

CR2E034 (12/95)