

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # K61878 (0)  
1. Corporation Name  
SUCCESS BY DESIGN, INC.

Principal Place of Business Mailing Address  
830 WOODCOCK ROAD 830 WOODCOCK ROAD  
SUITE 120 SUITE 120  
ORLANDO FL 32803 ORLANDO FL 32803

2. Principal Place of Business 2a. Mailing Address  
21 2909 Fairgreen St. 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 102 27  
City & State City & State  
23 ORLANDO, Florida 28  
Zip Country Zip Country  
24 32803 25 ORANGE 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/30/1989  
4. FEI Number 59-2931092 Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GARRETT, MARK  
SUITE 410  
280 WEST CANTON AVE.  
WINTER PARK FL 32790

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS        | CITY-ST-ZIP | DELETE                   |
|-------|------------------|-----------------------|-------------|--------------------------|
| PD    | KELLUM, MARK J.  | 136 RUNAWAY CT        | ORLANDO FL  | <input type="checkbox"/> |
| SD    | KELLUM, POLLY C. | 136 RUNAWAY CT        | ORLANDO FL  | <input type="checkbox"/> |
| D     | KELLUM, ANN M    | 322 KING ARTHUR DRIVE | NOKOMIS FL  | <input type="checkbox"/> |
|       |                  |                       |             | <input type="checkbox"/> |
|       |                  |                       |             | <input type="checkbox"/> |
|       |                  |                       |             | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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:

*[Signature]*

10 Sept. 1998 895-1117

CR2E034 (5/98)

FILED  
Sep 17 1998 8:00am  
Secretary of State

