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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # K	74286	(1)				
DESIGNS BY CATHY, INC.								
Principal Place	of Business		Mailing Address				O ON BION THAN OLD A BIO	ii (ii) ii ii ii ii ii
% CATHY A. DANIELS 12116 SHADY FOREST % CATHY A. DANIELS 12116 SHADY FOREST								
riverview fi	L 33569		RIVERVIEW FL 30	3569		3. Date Incorporated or Qualified 03/15/1989	3a. Date of Last 04/14/19	'
2. Principal Pla	ace of Business		2a. Mailing Addres	\$		4. FEI Number 59-2936647		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, e	olc.		5. Certificate of Status Desired	1 1 7 - 1	5 Additional Required
Crty & State			27 City & State	. <u> </u>		6. Election Campaign Financing	5. \$5.	00 May Be
Ι3 Ζιρ	Count		Zip	Co	ountry	Trust Fund Contribution 8. This corporation has liability for	Intangible tax under	s 199.032,
4	25		29	30	.,		s 🔀 No	
	9. Name and Addr	ess of Current R	egistered Agent		81 Name	10. Name and Address of New I	Registered Agent	
					1 1			
DANIELS, CATHY A. 12116 SHADY FOREST			[8		82 Street Ac	ldress (P.O. Box Number is Not Accepta	ible)	
	EW 33569				63			
					84 City		FL 85	Zip Code
or register	red agent, or both, in th	e State of Florida.	Such change was at	utnorizea by the	cove-named corp corporation's b	poration submits this statement for the public and of directors. Thereby accept the app	pointment as register	ed agent. I am
or register familiar wit SIGNATURE.	red agent, or both, in the ith, and accept the oblig Signature, typed or printed name	e State of Florida. gations of, Section	Such change was at 607.0505, Florida St tite if applicable	uthorized by the tatutes.	ed Agent signature req	oard of directors. Thereby accept the app	DATE	TORS IN 12
or register familiar wit SIGNATURE.	red agent, or both, in the ith, and accept the oblig Signature, typed or printed name	e State of Florida. gations of, Section e of registered ayent and	Such change was at 607.0505, Florida St tite if applicable	Uthorized by the tatutes. (NOTE: Register	ed Agent signature req	ined when reinstating)	DATE	TORS IN 12
or register familiar wit SIGNATURE 112.	red agent, or both, in the ith, and accept the oblig Signature, typed or printed name	e State of Florida. pations of, Section e of registered ayent and OFFICERS AND D	Such change was at 607.0505, Florida St tita if applicable DIRECTORS	(NOTE: Register	ed Agent signature req	ined when reinstating)	DATE FICERS AND DIRECT	TORS IN 12
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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 arr 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 33 if changed, or one appears with an address.

SIGNATURE: